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SUGGESTIONS FOR PRIVATE DUTY SECTIONS

PROGRAMME committees have a more arduous task than is generally realized by those who enjoy—or criticize—the results. We know they are constantly looking for ideas.

A private duty nurse of much experience suggests that the JOURNAL could be made the basis for profitable discussion at meetings of Private Duty Sections of District Associations. The plan would be to appoint at each meeting a sufficient number of persons to read assigned portions of the latest JOURNAL. They would then be expected to give an analysis of the articles read, either as oral reports or as very brief papers.

The advantages to be gained would be many. Those listening and taking part in the discussions, as well as those who prepared the reports would widen their knowledge of our profession. It would also help to clarify ideas and would help diffident nurses, whose ideas are often exceedingly valuable, to develop some power of self expression. Miss Ruth Birchard, the author of the suggestion, analyzed the January JOURNAL as the background for her argument as follows:

Our JOURNAL! Do you get that! It is ours! It actually belongs to every nurse who has sufficient interest in her profession to become a member of her District Association. (It should be remembered, however, that it is available to all who care to subscribe whether they are A. N. A. members or not.) The editorials alone keep us informed on important developments in our profession and the resumé of the wonderful progress being made in the education of nurses is worthy of thoughtful consideration.

The article on Supervision is interesting and we liked the sentence, "Let us emphasize achievement in terms of actual preventive and remedial care rather than in terms of so many baths, and treatments, and nourishments." It could profitably be applied to the sick patient under general care in a hospital where graduate nurses are employed as well as in those where most of the actual nursing is done by students.

The stories of other nurses' experiences should bring out lively discussion and perhaps other good stories for publication. Useful information was gained from Applied Bacteriology. It is also much to the point in affirming the entity of nursing as a profession rather than as the prolonged arm of the physician. The Book Reviews are helpful in making a choice of reading matter. It might be of interest to appoint members to give oral reviews each month of other books

that seem of worth. No one has time to read all she would like nowadays and reviews are a useful means of guiding the busy nurse who tries to be discriminating and of helping her to keep up to date. The Letters to the Editor give opportunity for expression of opinion and those so minded can present a point of view without spending the time required for preparing a finished and comprehensive article.

This number of the JOURNAL reminds us that the Army and the U. S. Public Health Service are training nurses, that instructors and principals may go to Teachers College for post graduate work, that there are many special hospitals for those who wish to enter particular fields of nursing, and that Visiting Nurse Associations and some universities offer training in public health work. The question inevitably comes to mind, "What of the Private Duty Nurse?" Has she had generous opportunities and privileges equal to those of other fields? Is she as well prepared for her branch of nursing as are those who enter other fields?

Does not the answer rest with the private duty nurse, just as it did with all other groups? The Department of Nursing and Health at Teachers College grew out of the felt need of nurses who wished to become better teachers and administrators and to increase the supply of nurses well qualified for such positions. If private duty nurses feel that they need further advantages, is it not possible that they might be obtained by concerted action on their own part? Dissatisfaction is a sign of healthy growth if it provides the motive for constructive action.

The suggestion that the JOURNAL be used as a basis for discussion seems to be in the right direction. It is probable that private duty nurses need to get together more frequently for thoughtful discussion of the actual technic and problems of their own special field, just as those who belong in the group of educators have formed state and local leagues for the discussion of their own problems, and as public health nurses belong to the National Organization for Public Health Nursing with its enormously helpful resources. It should be remembered that those organizations grew from within, not from without. No group lives by itself, all are interdependent, but the strongest forces in nursing education today are those that have grown out of the constructively expressed needs of special groups.

Private Duty Sections are becoming more active, but we have not heard of groups of private duty nurses planning for the stimulation of such gatherings as institutes, although other groups are finding this an exceedingly useful way of exchanging experiences and of receiving inspiration and help. It must always be remembered that our schools are not primarily concerned to train specialists for any field. Their great problem is that of providing a sound foundation for all fields, just as the medical schools do. A well known superintendent some years ago said that, although she had been told

by her graduates that they had left the school unprepared for private duty, for institutional positions, or for public health work, a surprising number were highly successful! It is clear that no amount of training can take the place of individual initiative and effort.

Have private duty nurses really done all they can to help themselves? The very nature of private duty tends to make those who follow it individualists, but only by well organized and constructive plans, supported by the weight of collective opinion, can they hope to secure real community coöperation in bettering conditions that are becoming more unsatisfactory alike to nurses and to the public. We believe that unsuspected resources will be revealed by united action in placing emphasis, not on the commercial aspects of the field, but on such individual and collective achievements as bring both credit and satisfaction to any nurse worthy of the name, and by a sincere effort to view the situation as a part of the whole social and professional programme rather than as individual problems.

A BRILLIANT EVENT

ALMOST eight hundred people gathered in the blue and gold ball room of the Biltmore on February first to honor Miss Anna C. Maxwell, who, when she resigned her position at the Presbyterian Hospital of New York, had rounded out forty years of most distinguished nursing service.

Graduates of the Presbyterian Hospital School for Nurses, glowing with pride and affection, were everywhere, but the company also included many eminent representatives of the Schools and Boards of other hospitals and nursing organizations.

Those who attended the Nightingale Centennial dinner held in the same place some two years ago could not fail to compare the two events, each so brilliant in its own way. The Centennial dinner was a beautiful memorial; Miss Maxwell's dinner was a joyous celebration and the participants experienced all the gamut of emotions from grave to gay, from the profoundly stirring to the effervescent, that accompany such an event.

At Miss Maxwell's table was seated an illustrious group of seventeen people, many of whose names stand for notable achievements in other fields, but all of whose names have long been associated with philanthropic movements such as that for better nursing. Among the number were Mr. Thatcher M. Brown, Mrs. F. Everit Macy, Miss Ruth Morgan and Mr. Moreau Delano.

Dr. John H. Finley, long Commissioner of Education for New York, presided, stating that he was attempting to fill a place that rightfully belonged to Louisa Lee Schuyler. Dr. Finley introduced

himself as the man who had signed more nurses' certificates than any other man in the world! In a most graceful and witty fashion he called in turn upon those who could most fittingly speak of Miss Maxwell's many sided contribution to nursing.

Miss Nutting presented a letter from President Nicholas Murray Butler, of Columbia, in which he discussed the plan for the greater school of nursing in connection with the University, and then spoke on Nursing Education. Miss Nutting stressed the point that, although the patients of the Presbyterian Hospital had been exceedingly well nursed during Miss Maxwell's term of office, this had not been her larger task. That had been the instruction of a thousand nurses who have carried the technic and the spirit of good nursing with them into every state in the Union and to many foreign lands. The school too, has always been particularly cordial to students who have come from other countries to seek knowledge of American nursing methods. Miss Nutting also spoke of Miss Maxwell's courageous willingness to share the labor of working toward new and difficult ideals, of her genius for coöperation, and said, "If she had not helped to pave the way, I wonder if we would tonight have before us the inspiring picture of the great University School of Nursing which the development of the new Presbyterian Hospital and Medical School will make possible."

Dr. Brewer, Chief of the Surgical Service of the Presbyterian Hospital, felt that Miss Maxwell's achievements were most fittingly estimated by the achievements of her graduates and cited three nurses who had given such conspicuous service in France that they had won distinction in the French and British armies as well as in our own. Said Dr. Fisher, in speaking for the Board of Directors, "We have long claimed Miss Maxwell for our own, but we have come to realize that she belongs, not to the Presbyterian Hospital, but to the world."

Mrs. August Belmont spoke of the great Red Cross service flag at Washington with its blue and gold stars and of what it had meant to the Red Cross to have women like Miss Maxwell constantly supporting its efforts. Mrs. Belmont did not mention it, but it is well known that no nurse leaves the Presbyterian Hospital without having had the privilege of Red Cross enrollment presented to her in person.

"Standards and a punctilious technic have been among the most precious contributions of Miss Maxwell," said Dr. Haven Emerson, whose sympathetic and constructive interest in nursing is so well known. "Whatever Miss Maxwell's ambition for her profession, we shall know that her mind, her art, her determination will be to give her patients, whether babes or soldiers, whether tenement family, or city, or nation, something of nursing service a bit better than has

been studied out before, and then to so present it and fix it into the practice of the day, that the method, the art, the technic of the service will become a part of the creed and conscience of her successors." Miss Wald, too, spoke of Miss Maxwell's constant and sympathetic support of public health movements.

The alumnae of the three schools which have had the good fortune to be directed by Miss Maxwell were represented by speakers from the floor, as was also the New York State Nurses' Association. Miss Sara E. Parsons spoke of how Miss Maxwell always dignified labor, but of how she tactfully succeeded in relieving the nurses of the Massachusetts General Hospital of part of the burden of drudgery imposed upon them in the early days. Miss Amy M. Hilliard, representing St. Luke's Alumnae (New York), illustrated Miss Maxwell's gift for stimulating young graduates to further professional efforts by a story from her own experience, the point of which was that when she gave ignorance as a reason for refusing an arduous piece of Committee work, Miss Maxwell replied, "I know you don't know anything about it, *but you can learn*, can't you?" Miss Nancy E. Cadmus, of the Presbyterian Alumnae, quoted Dr. Richard Cabot's lines, "Where there is need for me, there is my home, and Heaven itself could offer no greater blessing," and concluded by saying that Miss Maxwell's home is in the hearts of her nurses.

The addresses and toasts were interspersed with letters and cablegrams of greeting, one of the latter being from Dr. Anna Hamilton, Director of the Nightingale School at Bordeaux, France.

Miss Goodrich was the last speaker of the evening and, in her own inimitably witty style, offered a very legal sounding brief proving conclusively that as Miss Maxwell is the possessor of a great gift it has been her duty to share it with the profession at large! So closed an event that most beautifully exemplified the spirit of those who, in the words of one of the speakers, "believe in giving roses while the recipients can smell them." Whatever Miss Maxwell's emeritus contribution may be, it must surely reflect something of the appreciation of her peers and of those who have thus proudly acknowledged their allegiance.

Much credit should be given Miss E. E. Pearce, and Miss Mary Parsons, Chairmen of the hardworking committees that carried the plan through in such charming fashion.

WHY SHOULD DUES BE RAISED?

IF any nurse who is a member of her state association were asked how our national association is supported, she would reply, quite truthfully, "By the dues of its members." If she were further asked,

"What is the amount of those dues?" she might not be able to answer, for the dues are paid by the state associations, from their dues, and so we are not individually conscious of paying to the American Nurses' Association, as we do, the small sum of fifteen cents a year.

It should be sufficient to state this amount as an answer to the question, Why should the dues be raised? It is an amusingly small sum, not enough to finance a state association, nor a district, nor an alumnae association,—how much less a national one.

If our national organization is to grow in power and influence, we must place it in a dignified position and furnish the means of carrying on its work.

The dues cannot be raised by any outside agency, they can be raised only by the members themselves, as represented by delegates at the convention, and they can be raised only to the point agreed upon by those present. The Revision Committee suggested, originally, that they be raised to thirty cents, but the directors felt that this would not be a sufficient increase to carry the work for very long, and that it would be better to raise the dues to fifty cents at this time rather than ask for another increase within a few years. It is hoped that the delegates at Seattle will approve this decision and that the American Nurses' Association may be placed on a sound footing for many years to come.

If any one wishes to know how the national funds are used, the treasurer's report, given at the convention, will show her.

AN IMPORTANT CONFERENCE

ALL nurses will be interested, it is believed, in the conference recently held in Washington of all commanding officers of hospitals concerned in the care of disabled ex-service men.

The conference was held under the auspices of the Federal Board of Hospitalization, of which Brigadier-General C. E. Sawyer is chief co-ordinator, in order to bring together the chiefs of all agencies and the commanding officers of all hospitals dealing with this problem, in an effort to co-ordinate the activities and to standardize the care of these government beneficiaries.

On Wednesday, January 18th, the subject of nursing was presented by Major Julia Stimson, and her paper was discussed by Mrs. Lenah Higbee, Superintendent of the Navy Nurse Corps and Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service.

Major Stimson's paper may be found on page 427 of this number of the JOURNAL. The discussions will be published in the April issue. It is amazing, but true, that no place in the report of the conference was given to this thoughtful and moving discussion of the nursing situation.

The JOURNAL hopes that nurses will be roused to a keener appreciation of and a more helpful attitude toward the efforts of the directors of our national nursing services to improve conditions to the end that all of the ex-service men, particularly the neuro-psychiatric, communicable disease and tuberculous patients may have the highly skilled and sympathetic care that is so essential to their recovery. Surely there can be found nowhere on this earth patients more deserving of the utmost we can give them. Let us not be among the number of those who can forget that to many of these men war was, and continues to be all that Sherman said of it!

SCHOOLS FOR NURSES IN EUROPEAN COUNTRIES

THE problems of health are well known to have been among the greatest of those faced by some of the European countries since the war. The whole world knows how generously the American Red Cross has helped to meet the need. A most constructive part of its plan is that of establishing schools for nurses, under the direction of American nurses, which are later to be turned over to properly qualified native nurses.

In this issue of the JOURNAL Miss Noyes describes the courageous work being carried on at Prague. Articles on the schools at Posen, Warsaw and Constantinople are to follow. Inasmuch as these schools must not only teach the care of the sick, but must also prepare young women for positions as directors and instructors for schools of nursing and also for the enormous field of public health nursing, the task is tremendous and far reaching in its influence. All honor to those nurses who have so dauntlessly undertaken these responsibilities. They are living up to and perpetuating an ideal that has been well expressed by Dr. C. E. A. Winslow, as follows:

The most brilliant exponent of Red Cross ideals in time of war has been the Red Cross nurse, but in time of peace her scope is an even wider one. In the campaign against disease, the nurse is not merely an agent for the alleviation of suffering, but also the most powerful force at our disposal for its prevention and control.

THE CIVIL SERVICE RECLASSIFICATION ACT

THE Sterling Bill so amended that nurses are placed in the professional grade, was reported out of committee to the Senate on February 6. The Lehlbach Bill, which passed the House, differs in a number of important respects from the Sterling Bill. Therefore, if the Sterling Bill passes the Senate, the two bills will go to conference and it is there that final efforts to classify nurses in the professional grade must be made. Nurses are urged to keep in touch with this legislation and to take appropriate action when the bills go to conference.

THE MANAGEMENT OF COMMUNICABLE DISEASE FROM THE STANDPOINT OF A PUBLIC HEALTH NURSE

BY KATHARINE TUCKER, R.N.

Superintendent, The Visiting Nurse Society of Philadelphia

ONE of the greatest paradoxes in the modern public health nursing movement has been that while our slogan is the prevention of disease and the promotion of health, rarely has a public health nursing programme provided for a thorough means of combating one of the worst enemies to life and health,—contagious diseases. And yet year after year in most of our large cities and many of our small ones it is rather taken for granted that there will be a serious outbreak of scarlet fever and diphtheria some time during the winter months. It is almost as though we were still living in the middle ages and believed such misfortunes were visited upon us by the Powers of Darkness and therefore were beyond our own control. As a matter of fact, however, just as every other big health movement, whether directed against tuberculosis or infant mortality, has depended upon nurses to make it a reality, in this problem of contagion, nurses must take their place in the first ranks if it is to be wiped out. Prevention, like charity, begins at home and public health nurses have been especially prepared to carry on such work in the home.

Before stating how this can be done we might learn something by considering why both nurses and the public itself have been slow in seeing their opportunity. With the possible exception of mental disease, probably nothing has been so surrounded by ignorance and superstition as this problem of communicable disease. The belief that germs were air-borne has only recently been dislodged even from the most scientific minds and it still is firmly rooted in the minds of the general public. For this reason we are weighted down by all sorts of mental attitudes and antiquated customs that it will take at least a generation to displace. Probably most of us can remember how as children we held our breath as we hurried past a placard on a door. It is only recently that even doctors and nurses have realized the revolutionary significance of the scientific discovery that contagion is spread through contact, while the rest of the world continues to hold its breath and hurry by or else treat the situation all too casually as to contact when the immediate family is concerned. Another superstition that has greatly retarded the possible usefulness of the public health nurse has been the generally accepted belief

that in some mysterious way the nurse is a danger center when it comes to germs. She seems to be generally supposed to have a powerful attraction for germs and an even more powerful capacity to disseminate them. There is also the very practical reason why nurses themselves have not been more quick to realize their possible usefulness in this public health problem in that, until recently, training in the care of contagion has not been part of a nurse's equipment. She therefore has shared some of the public's ignorance. This at last is beginning to be obviated and there is no doubt in my own mind that when nurses, through their own experience, see the devastation wrought by contagious diseases and become equipped to meet the situation with knowledge at their command, they will no longer hold back. There is a further reason, to a large extent growing out of the previous ones given, why the question of communicable disease has not been more often considered an essential part of public health nursing programmes. This is the complication in the administration of such a service. With a community saturated with superstition, doctors suspicious of the germ-carrying propensities of the nurse, and nurses for the most part untrained in the care of contagious diseases, it is not an easy matter to launch such a programme.

There is another explanation as to why this movement has developed so slowly. It has been the rather easy and blind assumption that all cases of communicable disease were and should be cared for in municipal hospitals for that purpose. From the community standpoint, what has been the result of this emphasis on the desirability of hospitalization of communicable disease cases? In the first place it must be noted that most municipal hospitals for contagious diseases have rather unhappy reputations as to cross infection, sometimes deserved and sometimes not, with the perfectly inevitable result that far too often if parents suspect there is a case of contagion among their children, especially if it is minor contagion, they will not call in the doctor or if they do call him, make the doctor promise not to send the case to the hospital. Any visiting nurse in a city can tell you of many, many cases of contagion, both major and minor, where there has been no quarantine nor isolation because the family has never called in a doctor or because the doctor has been persuaded not to report the case. It takes little imagination to realize what foci of infection such cases are. The father may be a fruit dealer or have a milk route or the mother work in a bakery. The brothers and sisters are going to school and the patient himself will go back to school long before the danger of contagion is over. Such instances are facts, not fancy. The seriousness of such lack of any sense of community responsibility cannot be over estimated and yet it will

persist until the individuals making up the community are educated, family by family, as to their own responsibility when contagion breaks out in their own home. Not only does a sense of responsibility for their neighbor's children need to be developed, but also the realization that in terms of consequences there is no such thing as minor contagion and that their own children should be carefully safeguarded.

While adequate hospital isolation may be the ideal for all cases, it is a long time before this goal will be reached. With the present facilities at hand in most cities some sort of provision should be made for adequate intelligent home care, reserving the hospital beds for the more serious cases and for those where proper home care cannot be provided the patient or given without danger to others. There is no use in being blind any longer to the fact that cases of contagion are going to be kept at home. The problem before us, therefore, is What provision shall we make for them there? What should a public health nursing programme include in order to meet the present communicable disease situation?

Granting that it is practically impossible for communities to provide complete hospitalization of all contagious cases, there should be some discrimination as to the selection of cases to be sent to the hospital and of those to be kept at home. Such decisions, of course, would have to be made in consultation with the doctor in charge of the case. It would be ideal if an arrangement could be made between the Public Health Nursing agency in the community and the municipal hospital so that each call, except in emergency, could be investigated by a public health nurse before decision to admit to the hospital is made. A second possibility would be to assign to ambulance duty only nurses with some public health nursing experience. These arrangements should go one step further to include the supervision of the home from which any patient had been removed if there are other children left in the home. In this way, at just the psychological moment, much health instruction could be given to the family and further cases of contagion could be detected at the earliest possible moment.

Automatically all cases of contagion allowed to stay at home should, unless private nurses were possible, be cared for by the Public Health Nursing agency, usually the Visiting Nurse Association. Such cases of course could be referred not only by the medical inspectors working under the city Department of Health and by the municipal hospital, but also from any source, as is usual with Visiting Nurse Societies. It would be the responsibility of these nurses in consultation with the doctors in charge to decide whether a case were being

properly cared for at home without danger to the patient, to members of the family, and to the community. This involves a careful consideration of the severity of the case, the possibility of complete isolation, the ability of some member of the family to give adequate care under the direction of the visiting nurse, the occupation of any members of the family who go out from the home, and the willingness of each member of the family to coöperate. With all these conditions favorable, it is astonishing how much can be accomplished. The part of the nurse does not stop with the old-time door-step instruction, but includes actual care of the patient with the most careful demonstration as to how proper precautions should be and can be taken. It is remarkable how quick the intelligent mother is to grasp the significance of contact and that whatever goes into the room of the patient must not come out again. In almost no other instance is a family in so receptive a mood as when a nurse actually will come in and help her meet this most complicated and trying situation. All the rest of the world runs away except the nurse and the doctor, and even the doctor does not have the time to answer the multitude of questions and to demonstrate point by point how to take care of the patient and protect the family. It is natural for families, previously careless as to obeying the law, to become not only willing but eager to obey it when someone is willing to help them and to explain the importance of quarantine and how it is practically possible. When this is told, not only in words but in deeds, it instantly becomes simplified.

A complete Public Health Nursing programme would also include a follow-up service for all patients discharged from a hospital for contagious diseases, such a follow-up work to include supervision of the patient to see that complications were not developing or the patient overdoing, and actual nursing care where there were complications. The fact that such care could be procured would make it possible to send the patient home earlier than is otherwise advisable, thus releasing a bed. Supervision for the early detection of other cases developing within the family after the return of the original patient would be part of the value of such a follow-up system. During the time that the patient is in the hospital, physical defects may be discovered which should be corrected. To get these corrected would also be the responsibility of the public health nurse.

What results could be expected from such a programme? First and foremost, it should mean better care of contagious cases. The hospitals for contagious diseases would not be overcrowded by cases that could be taken care of at home. The fact that cases might be taken care of at home would tend to less secretiveness. This would make possible more adequate care for patients now only cared for by

the family, a danger to themselves as well as to the community. Better enforcement of laws; a better educated community as to the significance of communicable disease and how it can be prevented; a lessening of the seriousness of the after effects of contagious diseases by careful supervision and, in the end, actual lessening of the incidence of the disease itself would result. It is evident that the public health nurse cannot bring about all these results alone, I am merely trying to present what her share in this campaign might and should be.

It would be quite justifiable to ask whether, granting the desirability of the above programme, it is feasible. The answer is decidedly in the affirmative. In large part it is now being carried out in Philadelphia. Such gaps as appear in the Philadelphia programme exist only because of lack of funds to add more nurses for the work. Both its practicability and desirability have been proven. Already the results are being felt. It might be interesting to know that the contagious service of the Visiting Nurse Society of Philadelphia has been organized on a generalized basis for the most part,—that is, there is no separate staff for contagious work, but each nurse carries the contagious cases occurring in her own district. The only exception to this is that, where possible, a nurse does not visit both contagious cases and maternity cases during the same day. This, however, is not a hard and fast rule as, when necessary, the maternity case will be seen the first part of the day and the contagious cases the last. It should be stated that a case of cross infection has never occurred nor the development of contagion in any family visited by the nurse where it did not already exist.

Ultimately there will be far less superstition and more intelligent coöperation on the part of all in this task of stamping out contagious diseases, which are among the worst foes of our children, when public health nurses seize their opportunity and take their place in this important phase of any Public Health programme.

A statement has been received from the Delano Memorial Committee, giving the figures of the Memorial to date. This shows that the total receipts have been \$6,946.75; expenditures, for stationery, printing, postage, etc., \$305.05; balance now on hand, \$6,641.70. The General Committee feels very strongly that the work of the members of the committees should be pushed, so that the fund will be completed by April 15, the date upon which Miss Delano died in France. All nurses are urged to forward their subscriptions as rapidly as possible to Mr. Harvey Gibson, Treasurer, 26 Broad Street, New York City, or to the Red Cross Director of Nursing in their districts. It is believed that this memorial should bring a hearty and immediate response. Checks should be made payable to the Jane A. Delano Memorial.

PRACTICAL HINTS ON PLASTER CASTS

BY ELSIE TRETOW, R.N.

Milwaukee, Wis.

HOW many nurses have really had the opportunity to see a competent orthopedic surgeon apply a plaster cast? To some nurses a request to assist in the application of a cast would make them feel more helpless than a call to assist in the operating room. The following article is intended to give a few practical points on the subject.

The surgeon may be ever so skillful in the art of applying plaster, but with poor plaster or material the cast will be a failure, from the practical as well as from the artistic standpoint. The best plaster bandages are made by using dental plaster on a good quality of crinoline. Crinoline that has twenty-eight to thirty threads to the inch should be used. Cheap crinoline is not an economy, as the mesh is usually so large that it will not retain the proper amount of plaster and therefore just about twice the usual amount of bandages will be used.

Bandages of different lengths and widths should always be kept on hand. For adults, the bandages should be six yards in length and in widths of $4\frac{1}{2}$, 6, $7\frac{1}{2}$, and 9 inches. For children, have bandages four yards in length and $2\frac{1}{2}$ and $3\frac{1}{2}$ inches wide. For club foot casts on infants, have the bandages three yards long and $1\frac{1}{2}$ or 2 inches wide. A longer bandage in a narrow width would make a cumbersome roll, hard to apply on a tiny foot. Always tear your crinoline lengthwise, do not cut it. Then fringe the crinoline by removing about five threads from both edges. If this is not done the threads will pull out when the plaster is soaked and will act as tight strings when the bandage is being unrolled. After fringing, roll each bandage loosely so as to avoid creases.

Now we are ready to put the plaster on the crinoline. The writer has found that the easiest and most satisfactory way is to stretch a sheet tightly across a smooth table and fasten it securely with tacks or pins. Do not have any wrinkles in the sheet, as they will become hard ridges when filled with plaster and will make it more difficult to apply the plaster evenly. Place your roll of crinoline on the sheet with the end toward you so that in unrolling it will roll away from you. Take a bowl, about six inches across the top and about four inches deep and fill it with plaster. Invert the bowl with the plaster under it on to the crinoline. Push the bowl away from you, exerting a steady pressure. This will cover the crinoline with a thin, smooth layer of plaster and fill in all the tiny meshes. Roll the crinoline with

the plaster very loosely, leaving an opening in the middle large enough to admit your thumb. Pull the roll toward you, push the bowl away from you again, and repeat the process until the length of crinoline has been covered and rolled. The plaster under the bowl must be replenished frequently, because if there is an insufficient amount of plaster it will not fill all the meshes in the crinoline. The bandage should be rolled loosely so that when immersed in water it will have a chance to absorb the necessary amount. Wrap each bandage in a separate paper napkin to prevent losing the plaster in handling. Keep all bandages in a tin box in a dry place.

Now that we have our bandages made, we will assemble the rest of the material for the cast. First we want stockinette for a smooth, comfortable foundation for the cast. If this is not available, use a cotton vest for a body cast and cotton stockings for leg or arm casts. Put this on the patient, leaving it long enough around the toes and at the top so that after the cast is trimmed it may be turned back and fastened with adhesive and in this way make a neat finish. If applying a body cast, take a towel folded to about eight inches wide and three-fourths of an inch in thickness and place under the stockinette over the region of the stomach. This is particularly advisable when the patient is under an anaesthetic and is not breathing as deeply as he would if he were awake. After the plaster is applied, this folded towel or "dinner pad" is removed and you will find that your patient will have ample room for deep breathing and a hearty meal the next day without having to have the cast split down the front. Under the stockinette should be placed, lengthwise, a strip of muslin bandage about 6 inches in width and long enough to allow the projecting ends to be pinned together. This is the "scratcher." Now a word about padding in the cast. For this purpose sheet wadding is most commonly used. This is cut in two-yard lengths and in widths of from three to eight inches. For protection of all bony prominences piano felt may be used. Have one pad under the sacrum and one pad over each anterior superior spine, and other pads wherever any undue pressure is to be applied. After the sheet wadding has been applied, a smooth finish will be obtained by covering the whole thing with a paper bandage. The paper bandage is given preference over the gauze bandage on account of its elasticity and compression qualities. Sometimes flannel bandages cut on the bias may be asked for in place of the paper.

Now comes the application of the plaster bandages which, of course, is always done by the surgeon. Nurses may be pressed into service here for the holding of a leg or foot in the proper position. This is a very important duty, as much of the success of the operation

may depend upon the position in which the part is held while the cast is being applied.

Have two pails of hot water ready and add one cupful of salt to each pailful. This makes approximately a 2 per cent solution and hastens the setting of the plaster. Pick up a bandage, poke a hole in each end of the paper, and place it on end under water. Allow it to remain in the water until all the air bubbles have ceased to come to the top. Remove from the water, holding one hand over each end, and give one gentle, continuous squeeze so as to get rid of the excess water. Remove the paper, find the end of the bandage, unroll about one inch and it is ready to hand to the surgeon. For a cast that is to remain on for a few months, reënforcements should be used to strengthen weak places. Basket splinting, two inches in width, soaked in water and incorporated with the plaster will strengthen the cast materially.

After the plaster is applied, the patient is usually placed in the nurse's care. All casts should be trimmed to allow the use of the bed pan, before returning the patient to the ward. In the front trim to the pubis, and in the back to the tip of the sacrum and only one inch to the side of the gluteal cleft. If trimmed away more than one inch from the gluteal cleft, the cast becomes very uncomfortable from having the buttocks constantly pushing out beyond the cast edge and becoming irritated from the pressure. The tips of all the toes should be exposed and watched carefully for the first twenty-four hours. If the toes become cyanotic, it is a danger signal and means that the cast is too tight and is shutting off the circulation. Elevate the leg and notify the nurse or interne in charge of the ward. If the toes do not resume their normal color in a short time, the cast may have to be cut to relieve the constriction. All rough edges should be bound with adhesive tape. If the patient at any time complains of pressure at the heel or at any bony prominence, do not fail to have the cast cut, as a few hours' delay may mean a pressure sore. To have a cast pressure sore develop should be just as great a source of humiliation to the nurse as a bed sore would be.

The "scratchers" give much comfort to patients in body casts. The nurses are instructed to sprinkle them liberally with talcum and then to work them up and down. They are easily changed by attaching a new length of bandage to the old, and pulling it through as before.

Above all things, see that your patient is comfortable in the cast. If he is irritable or fussy there must be pressure somewhere. A child with a diseased joint that is held in the proper position and fixed in a comfortable, well fitting cast is one of the happiest invalids that you will ever see in your profession.

THE EVOLUTION OF NURSING EDUCATION

BY ISABEL M. STEWART, R.N.

(Continued from page 334)

THERE are many indications that the present system is failing to adapt itself to the new conditions of the present day and that it is finding increasing difficulty in competing with more modern educational systems. The lack of applicants is only one symptom. The field of nursing has grown tremendously in the last ten years. The work nurses are doing in public health, in education, and administration, and in many technical branches, indeed in every branch, demands considerable expansion in our system of training which is at present too rigid to expand much. As scientific knowledge advances and spreads in the community at large it is necessary for nurses to have much more information on matters concerning their own work. The pressure for a broader and a sounder type of training is coming from the community and the various agencies which employ nurses. More and more it is coming from nurses themselves. There is widespread dissatisfaction over the unnecessary length of their training, the long hours, the amount of routine required in the ordinary hospital, and the lack of adequate teaching and supervision.

On the hospital side there is constant complaint and irritation about the class time that cuts into the student's working hours, the affiliations which also take her away from her work, and the requirements of state boards which limit the freedom of the hospitals in the selection of these student workers. The constantly increasing tension and friction in the relationship of the school to the hospital shows that things are seriously out of joint and the indications are that this will get worse in spite of all palliative remedies. When we recognize, as other vocations have, that the old apprentice machine we are using is as obsolete and unworkable as is the horse car or the "one-hoss shay," we shall not wonder that our operations are accompanied by a good deal of friction and that we seem to make little headway in spite of all the effort we put into it. It is always this way when we are out of adjustment to our environment and to the times in which we live.

Already some promising ventures have been made across the line between Stage II and Stage III. The preparatory course which puts education first, even if only for three or four months, is a big step on the way. The organization of a large permanent nursing and attendant staff in the hospital, apart from its body of students, makes it possible to select and arrange the practical work of the students more from the educational point of view. The Army School of

Nursing has a wonderful opportunity to show what can be done in this way. University schools of nursing have done much to emphasize the educational elements in the training, but even these schools are still more or less restricted in their development by the incessant and exacting demands of the hospitals which depend upon them for their service.

Most of the departments for graduate nurses in universities are entirely in the third stage, maintained by educational funds, able to organize both practical and theoretical work in accordance with students' needs and although connected with hospitals, visiting nurse associations, and public health departments, not controlled by these organizations or compelled to meet all the exigencies of their daily service. The tendency toward centralization and separation of nursing schools and hospitals is also beginning.

It should be made perfectly clear that the newer idea of education does not exempt students from practical work of the most exacting kind. We have no desire to duplicate the mistakes of medicine and engineering and some other professions in their swing to the all-theory type of school. What we want is to find just the right kind of theory and practice and just the right balance to fit our students for the work they have to do. If we can be quite free to select according to our needs, and if we can improve our methods of teaching and supervision, there is no question that we can shorten the course of training considerably and still have a much better training.

There is no reason, either, why we should desert the hospital which has given us an invaluable practice field and has become a part and parcel of our professional life. The hospital needs us and we need it. It is simply a question of working out a relationship somewhat the same as that between the medical school and the hospital—a relationship which will be economically just to both and educationally profitable and which will leave us room to grow. We may not be able to supply all the nursing service of the hospital, but I believe we shall still provide a good part of it, under somewhat different conditions, however, to those prevailing in the past.

Some people seem to be very much afraid that any improvement in nursing education will lead nurses away from what they call *real* nursing work and will deprive the poor man of the nurse's services. If this is true in one branch of work it should be in others. Does better medical education work in this way? Does the better training of teachers or social workers make them less interested in serving their fellow men? As a matter of fact, the better kind of education quickens the spirit of service and makes it more effective. It is

working this way in nursing today, and the poor man is getting not less, but more and better nursing service than he did ten years ago.

Why is it that the great majority of our young graduates who have had the broadest education, prefer to do hospital or visiting nursing work at lower salaries than the private duty nurse receives? It is largely because they want to serve the poorer people who seem to them to have the greater need. Better education makes them more alive to community welfare and makes them better able to serve.

In making any change, we may always know that we shall lose some things which have been very fine in the old system at its best, but we hope to compensate by larger gains. Freeman the historian says, "In history every step in advance has also been a step behind." The old generation always thinks that the losses are more than the gains, and that the younger generation is leading us headlong to ruin, but when we size up the whole thing, calmly, we usually find that we *have* moved ahead, that men do "rise on stepping stones of their dead selves to higher things."

We have considerable encouragement in the fact that many of our older brothers and sisters in the circle of professions have passed through the same experiences we are going through and have come out all right. Strange that some of them seem to be so lacking in comprehension and in sympathy! Perhaps they have forgotten the period of their own adolescence, not the loveliest or the happiest period either in human or professional life, but still a time of great promise, ushering in full manhood or womanhood.

It is not difficult to identify the symptoms of this period of storm and stress in our profession today. Overgrown, self-conscious, sensitive, resenting dictation but not yet fully conscious of our own power, glowing with high ideals and vague yearnings but unable to fully express or realize them, we are still in the immaturity of our youth which Miss Nightingale describes as "that time of follies and bondage, of unfulfilled hopes and disappointed experience when a man possesses nothing, not even himself."

Some of our friends seem to resent the fact that we are growing up. They would like to keep us in pigtails and pinafores, more or less permanently tied to our mother's apron strings. Our hospital foster mother who, as you remember, entirely disapproved of our being born at all, began to rather approve of us after we got a little more useful but were still trustful, dependent, and manageable. We have always *more* than paid her for our keep, but on the other hand we have much to thank her for. Now that we are asking for grown-up clothes and more schooling and are showing a little inclination to manage our own affairs, she is both hurt and indignant. She cannot understand

why we should not always be content to work away in the old home and be thankful for what she can give us.

Our older brothers, particularly the medical ones, are inclined to be rather superior and early-Victorian in their attitude. They don't like any of these new feminist notions about education and independent careers for women. They prefer the real "womanly" woman who is perfectly satisfied to let her male friends and relatives manage all her affairs for her, while she busies herself in waiting on them and doing as they tell her. They assure her that she is much happier and more useful without education. Education of course is essential for men, particularly for medical men, but it ruins nurses, makes them impractical and independent, takes away their simple-hearted devotion, and makes them dissatisfied with their humble duties. Besides it takes them from their practical work and that can't be tolerated for a moment. If there must be any education at all, let it be as innocuous as possible and under the control of medical men who will see that it doesn't do any harm.

There is a more aggressive type of older brother who has been making himself rather conspicuous lately by announcing loudly in the public press that this aspiring young profession of nursing is no profession at all—certainly no relation to the eminent and respectable profession of medicine—simply a little Cinderella who lives in the Medical family, waits on the others, and helps them with a few odd jobs. It is inferred that she is scarcely worth her keep, but not a bad sort if kept in her proper place.

Perhaps we have been a little inclined to pay too much attention to the reactionary autocrat and to the blustering and bullying type of elder brother. We must remember that there are always people like this to oppose every new step of progress. We have met them at every stage in the advance of nursing and all the pioneers are familiar with them,—particularly all pioneers in women's work. The interesting thing is that when the fight is over and the thing is done, they usually fall behind in the procession and insist that they helped to bring it about. When we have really "come out" in fashionable educational circles and have become quite popular (as we shall be) we shall hear those same big brothers who were so ungenerous and ungallant in our flapper days, confiding to the public that *they* gave us the only chance we ever had in life and practically brought us up. Probably they do act as a sort of rough counterirritant which helps to stir up a healthy reaction in us and keep us from stagnating. All they can do to us will not hurt us if our growth is along sound and normal lines and if we do not allow them to intimidate or embitter us.

But we must never forget that we have had from that medical

group some real brothers and sisters who have believed in us, who have tried to understand our problems, who have neither patronized nor attempted to dominate our growing professional life, but have shared with us their wider professional experience, and urged us on to a fuller realization of our own powers and opportunities for human service. We can never be too grateful to this small but splendid group for their encouragement and their support.

Evolution is a gradual process. It cannot be hurried too much. On the other hand it can be very much retarded by environmental influences and by a lack of vital force within the organism itself. The transition from one stage to another in our educational life will not take place all at once. It may be slow and there may be many obstacles in our way, but there are several things which are very much in our favor, among them, the woman's movement, the modern educational movement, the rapid growth of preventive medicine, and the tendency toward greater social control of all public services, particularly with relation to health and education. These movements are carrying us along with them.

There is a tide in the affairs of men,
Which taken at the flood leads on to fortune,
Omitted, all the voyage of our life
Is bound in shallows and in miseries.
On such a full tide are we now afloat,
And we must take the current when it serves
Or lose our venture.

Evolution is a natural process, but it may be consciously directed and speeded up in many ways. To change our metaphor a little, it is not likely that we shall arrive at Stage III, or anywhere, if we simply drift along that current. We have got to steer toward some definite port and work to get there. If we agree that the direct type of education is better than that in which education is simply a by-product; that independent, centralized, endowed schools of nursing are more efficient than small private proprietary schools, that nursing schools as well as military, agricultural, normal and technical schools, should be included in a public system of vocational education, then we will take every opportunity to steer toward that end and to influence public opinion along these lines. This is not a new or a revolutionary doctrine. It is accepted by practically all educational experts and by not a few physicians, especially those in public health work. Dr. Lindsley Williams has an excellent article in a recent copy of the New York State Board of Health Bulletin bringing out some of these points.

If we have studied the conditions which have always preceded this change in other fields of work, we shall not be so utterly discouraged with the increasing complexities of hospital life, we shall

see that this is an inevitable and temporary phase, the rapids through which we must pass before we swing into a broader and deeper stream. The sooner we get people to see that, the better for everyone. Every effort to build up a permanent paid hospital staff and to organize the work of student nurses on an educational basis will make the change easier when it comes. From this point of view the shortage of nurses may be a help rather than a hindrance in the end.

Those of us who stand by the helm and see the good old ship through will have all the glory and satisfaction of being the pioneers of a new order. But we shall have to prepare a great many more of our promising younger women to take over some of the new responsibilities which are already presenting themselves in the new type of school. Unless we foresee these new adjustments and are ready for them, we may have to wait quite a while for our results. We cannot afford to fail. Remember Mr. Wells, "It is always a race between education and catastrophe," and let us prepare now in order that our new schools when they come shall be worthy of our past efforts and of the new opportunities which are ours.

APPLIED BACTERIOLOGY: SOME FACTS A NURSE SHOULD KNOW ABOUT THE WIDAL REACTION

BY A BACTERIOLOGIST

A LAW was recently passed in our state requiring registration of all nurses practicing as graduate nurses. It fell to my lot to examine the papers on Bacteriology. One examination included a question in regard to the Widal reaction. Two hundred women answered this question and in those answers I learned many new and startling things about the Widal test,—none of which are to be found in text-books.

Many specimens are sent to our diagnostic laboratory by physicians requesting the Widal reaction in cases in which the test has no value. I am not holding the nurses responsible for this, but it only points to the need of more knowledge in regard to the Widal test.

The Widal reaction is based upon the effect of immune bodies upon bacteria. The immunity apparatus of the human body produces many different kinds of immune bodies in the blood stream. We call them immune bodies because they immunize or neutralize injurious substances in the blood. For example, if diphtheria organisms throw toxin, or poison, into the blood, the immunity apparatus produces

antitoxin, or, if typhoid bacilli enter the blood, the immunity apparatus produces agglutinins which clump the typhoid bacilli. Hence, when we want to know if our patient has immune bodies in his blood, we collect some of his blood serum and add to it some live typhoid bacilli (hanging drop). By observing the mixture under the microscope we can see whether the typhoid bacilli continue to wriggle about (motility) or clump together (positive reaction).

If they clump, what caused them to clump? The answer is, The agglutinins, or immune bodies, in the blood serum of the patient caused them to clump. We then ask, How did the immune bodies get into the blood? Typhoid bacilli had been in the patient's blood and had caused the immunity apparatus to produce immune bodies. How did the typhoid bacilli get into the blood stream? The answer to the last question may vary with each individual case. Two ways in which typhoid bacilli may enter the blood stream, are: (1) The individual may have been vaccinated with typhoid vaccine, i. e., inoculated with several millions of dead typhoid bacilli, which produce immune bodies. That is the reason we take vaccine, because it produces immune bodies. So if we found a positive Widal reaction in a vaccinated person, we would not conclude that he had typhoid fever. In fact, we would not consider the Widal reaction of any diagnostic value in a vaccinated person. (2) The patient may have swallowed some typhoid bacilli with his food or water. (It is an interesting fact that in order to contract typhoid fever we have to eat typhoid bacilli.) We conclude then that a positive Widal reaction in an unvaccinated patient ill with a fever is of great diagnostic value.

If the typhoid bacilli do not clump (negative Widal reaction), we know there are no immune bodies in the blood stream. Does this mean that the person ill with fever is not ill with typhoid fever? It may, or may not, depending upon whether the immunity apparatus had had time to produce immune bodies after being attacked by typhoid bacilli. Scientific investigation and clinical observation have proven that it takes from 7-14 days after invasion of the organism for agglutinins to appear in the blood stream. Hence, we conclude a Widal reaction is of no value before the seventh day of disease.

Note: The author will be glad to answer any question submitted by nurses interested in the application of bacteriology to nursing.

NURSING IN GOVERNMENT SERVICES¹

FIRST PAPER

BY MAJOR JULIA C. STIMSON

Superintendent of Army Nurse Corps; Dean, Army School of Nursing

THE subject of nursing in relation to the care of the ex-service man is a very big one and can scarcely be handled adequately in the ten minutes allotted to it. There are, however, certain phases of it that can be mentioned.

The response of the nursing profession to the call of the country during the time of war is well known, and the character of the achievements of the 25,000 trained women who entered the government services at that time has been often recounted, but little has been told of the patriotic devotion to duty that has been exhibited by nurses since the Armistice. I have not come today to bring bouquets and laurel wreaths, but I do wish to call attention to the marvelous development of one branch of governmental nursing work under conditions that in many instances were harder to bear than most war conditions, and to ask for the service the recognition and coöperation it deserves. At the present time there are more nurses in the U. S. Public Health Service (1,796), than there are in the combined nursing departments of the Army (774), and the Navy (488). The figures given me for the present Public Health nursing staff is about 1,800, an expansion from forty odd at the time the service was authorized to care for ex-service men, by Act of Congress on March 3, 1919. To realize the full meaning of this expansion and the development of the organization required to manage the service, it is only necessary to recall the fact that in the Spring of 1919 when the Public Health Service called for volunteers for its Nursing Service, the Army and the Navy were both discharging from their Nurse Corps great numbers of women. In one month alone in that year, 2,500 nurses were demobilized from the Army. They were all tired, worn-out women. You all recall the state of mind of both the soldier and the officer during those months, when morale was at its lowest ebb, because of homesickness, fed-upness, and the desire to get back to civil life. Nurses as well as men were full of complaints, and to be freed from governmental control was the thing that to all of them seemed the ultimate good. Moreover, many who came from overseas had been marking time for weeks, awaiting orders for the breaking up of their units, and embarkation,

¹Nursing as presented by Superintendents of Government Services at the meeting of Medical Officers of U. S. Veterans Hospitals, Washington, January 18, 1922.

and upon their arrival home they found their communities, which they had left so short of nurses, were clamoring for their services.

Under such conditions was presented the need of the ex-service man. A new federal nursing department asked them to give up their personal desire for freedom, their longed-for plans, and to enter—what? and to do—what? It is hardly necessary to describe the kind of hospitals these nurses were asked to enter, nor the conditions under which they were to live. You would scarcely believe the details that I could tell you unless you, too, have heard the accounts of the able Superintendent of Nurses of the Public Health Service. You know, perhaps, what some of the old Marine hospitals are like, and some of you know what some of the old Army hospitals taken over by the Public Health Service were like. You don't know, I am sure, about the utterly unworthy and unsuitable quarters and messing arrangements for nurses which many staffs have had to endure, and still do endure in some instances. The fact that there are now 1,800 nurses in the Service bears witness to the clearness of her vision of the need on the part of the Superintendent of the Corps and her valiant presentation of it, and to the assistance given her by the American Red Cross Nursing Service which has spread the call and facilitated recruiting.

The Nurse Corps of the Army and Navy were old, established departments, with traditions and customs behind them with a status recognized by all in the service and honored by officers and men alike for their many years of efficient work. The nurse in the U. S. Public Health Service had no such advantage, and to her and her associates and to the officials who have championed her cause against what have at times seemed almost unbearable difficulties, too great praise cannot be given.

General Sawyer has asked me to present the difficulties that lie in the way of the kind of nursing service that ought to be given the veteran and to suggest, if I can, a plan for meeting these difficulties.

The great problem of the nursing care of the ex-soldier is not in the Army and the Navy, because the proportion of the veteran patients to the regular Army or Navy patients in those services is so low that it presents no particular problem. It is, of course, in the U. S. Public Health hospitals that the problems exist most noticeably.

First we must consider the type of patient. We are told that neuro-psychiatric, contagious, and tuberculosis cases predominate. Right here is one difficulty as far as nurses are concerned. To contribute the highest type of service to people so afflicted requires that the living conditions, the mental and physical recreation, and up-building of the nursing staff, be of the finest order. I think that this

is conceded by all who consider the long hours during which the nurse is in close contact with the patient and who realize that no individual, barring none, has so large an opportunity for personal influence upon patients as the nurse.

Nurses who are employed for the care of the veteran should be of the highest grade. Not only should they meet all the professional and technical requirements, but they should be especially qualified in all phases of rehabilitation and reconstruction, both mental and physical. They should have an especial knowledge of the problem of the tuberculous patient, not only as an individual sick man, but in his relation to society. They should be thoroughly cognizant of the magnitude and urgency of the problem of social diseases, for without an ability to help the neuro-psychiatric patient re-direct his interests into the world of reality and to correlate himself and his environment, they are failing in their whole duty to their patient.

Under the present conditions it is probably not an easy matter to get such super-nurses in any great numbers, and even were it possible to secure them, it is not likely that they could be long retained. The turn-over in the nursing service in hospitals caring for veterans is unduly large, the reports show. This has been due in some degree to physical breakdown, and also to dissatisfaction with conditions, including uncertainty as to their status and fears for its future. What, then, is to be done? The answer is not so hard to find. Locally, it is comfortable living quarters, reasonable hours, good food, the right sort of recreation, adequate pay, and opportunity for advancement and improvement. Nurses, like all other professional workers, are coming to recognize that in order to live up to their highest ideals and to give their best service to afflicted humanity, it is essential to make provision for continual growth, and that from time to time added inspiration and education are necessary. Courses of special study are advocated, therefore, for all nurses, especially those caring for veterans or any other particularly difficult group of patients. Opportunity for post-graduate study is considered a necessity in the Army, for both officers and members of the Nurse Corps, and it is even more important in the U. S. Public Health Service. In some hospitals of the service special courses have been conducted for nurses with marked success, but particular emphasis should be given to this phase of meeting the nurses' problems. For before a nurse can help to reconstruct a disordered mental outlook and restore a normal attitude toward life, she, herself, must have an understanding and a sympathy and a power to help that can only come from steady inspiration, constant study, and serenity of mind.

Second in importance locally is the recognition on the part of

the commanding officer of each hospital and each member of the hospital staff of the real place of nurses in the endeavor to return the patient to normal health and life, and emphasis upon an attitude of helpfulness and coöperation in all matters concerning them. Only those who have served in hospitals where the commanding officer was heart and soul in sympathy with the problems of the nursing staff and concerned with every detail that might work for its well-being, can know what a harmonious, helpful atmosphere can exist, and how the spirit of courteous recognition and mutual respect can permeate from the commanding officer to every member of the personnel. For is not the nursing group usually the largest group in every hospital, and will not the attitude of the nurses give the tone to the hospital? Commanding officers should remember that in their hands and theirs alone rests the regulation of this tone.

In all the presentation of the general subject of the care of the ex-service man, at this conference, little if any mention has been made of the part of the nurse. Right here in this very fact, perhaps, rests one of the largest snags that lie in the way of the best service to the veteran. Think for one moment of the situation if there were no nurses to work side by side with the medical man and to coöperate with him in securing for the patient that which he, with his special preparation, considers necessary for his healing. What results would be obtained? The time has passed when the need of professional nursing in the care of the sick is a debatable question. And yet nursing, as vital to the modern scientific restoration of the war veteran, has not been mentioned.

Here at headquarters is where the greatest progress toward the solution of the nursing problem can be made,—First, in the recognition of the problem and its importance, and Second, in a sympathetic, concerted, business-like attempt to solve it by the method that is most sure to bring about success; namely, the conference method, the collecting of advice from experts on the subject, the formulation of their suggestions, and an endeavor on the part of all concerned to put these suggestions into practice.

You, in this new governmental organization, which has for its aim the highest type of service to veterans and their restoration to complete living, have a chance to develop a nursing department that should set the standard for all the departments of federal nursing as well as for civilian institutions.

CARE OF THE MOUTH IN EARLY LIFE

BY JOSEPH H. MARCUS, M.D.

Atlantic City, N. J.

BEFORE the eruption of the teeth, the normal secretions of the mouth are quite sufficient in maintaining the proper cleanliness of the mouth. There really is no scientific indication for washing the mouth of the infant in conjunction with either artificial or breast feedings, if the rubber nursing nipples and bottles are kept scrupulously clean for the artificially fed, and the breast nipples of the mother or the wet nurse be cleansed with a solution of boric acid before and after nursing. Thrush or stomatitis will thus be avoided. Under ordinary circumstances, the attendant should not introduce her finger into the infant's mouth, either to cleanse it or otherwise. A vigorous protest should be made against the manner in which the nurse and others who come in contact with the infant put their fingers into its mouth. It would seem as though the infant's mouth were especially considered by those who ought to display more intelligence, as something that should be felt.

A nurse should be instructed that she is never to kiss the infant on the mouth, or to allow anyone else to do so. Micro-organisms of disease can easily be transmitted in this manner, and cause a great deal of havoc, that well could have been avoided. The fingers and hands of the infant should not be kissed, as they are more or less constantly going into its mouth. Bednar's Aphthae, and simple and gonorrhoeal stomatitis have been introduced into the mouth of the baby by means of the nurse's fingers.

Epstein has conclusively demonstrated that washing the mouths of infants causes infectious ulcerations of the buccal mucous membrane, as well as the means by which extraneous infections, such as gonorrhoea and sprue, are engrafted on the mucous membrane. In the new born, bacteria may gain access to the circulation, through these ulcerations, and thus cause general sepsis.

After the teeth have erupted, they may be kept clean by washing once daily, preferably in the morning, with cotton moistened with milk of magnesia, or with a solution of boric acid. The cotton is wrapped around a tooth-pick, and no force should be used in the cleansing process. Children should be taught to use the tooth brush at the earliest possible moment. Primary teeth should, by all means, receive the same attention as the permanent teeth.

SOME NEWER PHASES OF NURSING EDUCATION¹

BY BURTON R. CORBUS, M.D., F.A.C.P.

Grand Rapids, Mich.

IF I hold any warrant to address you, it is in large part due to my being one of a profession so closely allied that your problems must be taken almost as though they were our own. We are of one professional family, our success or our failure, aye, our reputation, lies not infrequently in your hands. My further warrant, more particularly for my choice of subject, is found in the fact that certain individuals of the community in which I live have been instrumental in introducing into the training of the nurse some educational factors which are to form an important part of these New Phases of Nursing Education on which I plan to speak. If in the course of this talk I lay overmuch stress on the pioneer work we are doing in Grand Rapids, it will be not so much because of communal pride as because of my familiarity with the work we are attempting to do. I know too, something of the most excellent, advanced work that is being done in this Sanitarium and I want these friends of yours to know something of the ideals which actuate your teachers and the leaders of your profession—the mark toward which they aim—in knowing, they will the more appreciate you—perhaps expect the more of you. To be forced to the attempt to live up to the expectations of our friends, is a good thing for all of us.

One hears much these days of the scarcity of nurses, one hears much of the difficulty the hospitals are having in obtaining candidates for their nurses' training schools, yet never in the history of the training schools have we had anything approaching the numbers,—approximately 50,000,—now in training. The scarcity of nurses exists because of the increased demand. This increased demand in so far as private home nursing is concerned has, I believe, been influenced by the ex-service man. The country boy especially hospitalized in an army hospital was awakened, for the first time, to what excellent medical and nursing care really meant. Out of the service he will not accept less. When his wife, his mother, or his sister is ill, he wants a nurse for them. In addition, the social service, the tuberculosis clinic, the baby welfare work, the rural work, now temporarily financed by the Red Cross, all call for more and more nurses,—not any nurse, but the well-trained, competent woman.

The scarcity of women in the nursing field is not a unique

¹ An address delivered before the graduating class of the Battle Creek Sanitarium Training School for Nurses, June 1, 1921.

condition. There is, similarly, a scarcity of doctors, of engineers, of pharmacists, even of clergymen. The scarcity in this field is, however, so marked, the need so great, that the sick and suffering are being deprived of the care they so sorely need, while country wide health movements are being slowed up and seriously menaced. In consequence, various movements are under way, and certain legislative enactments are pending, which purpose to increase the output of nurses by markedly lessening the present educational requirements. The opponents of this movement say its advocates sound the slogan, "Poor nurses for poor people." The trained attendant, the partly trained nurse may be a necessity,—I am inclined to think that at the moment she is. Certainly some way must be found to make it possible for the people with moderate incomes to obtain nursing and medical service which will at least approximate the service which the wealthy and the very poor are now receiving, but I am confident a way will be found, and I know that the public will demand the best when the best is attainable. Various expedients have been used by different training schools in the effort to obtain their quota,—lowered requirements, bonuses of various sorts, even the offer of increased entertainment facilities, but curiously enough those training schools whose requirements for admission are highest and which offer the most in an educational way are the ones that are having the least difficulty. This, for a moment astonishes and then one notes that never in the history of the country has the young woman shown such a longing for higher education. From women's colleges all over the country comes word that their classes are filled to overflowing.

It is not that nursing as a profession does not appeal, but that the young woman wants something more than the old-time training. Perhaps she feels that many hospitals exploit their nurses, that the training school for nurses is a means by which the hospital can get service at low cost. As a matter of fact, at one time this was generally true and the condition exists in not a few hospitals today, the hospital accepting the service of the nurse in much the same spirit that it accepts the donations for its support from the public. A new spirit has come and the good hospital of today recognizes its educational responsibility and gives more than it receives. I am sure that many hospitals, from the standpoint of finances alone, could better afford to hire graduate nurses than to maintain a training school; and yet the hospital will give, must give, to its pupil nurses more and still more. It may well be that the time will come when the expense of maintaining a thoroughly good school will be so large that the unendowed school, like the private medical school of a decade or so ago, will perforce go out of existence.

We must have good schools. Just now there is a serious lack and in consequence a tremendous demand for good executives in hospitals and training schools. How is it possible to improve the educational status of the nurse unless her teachers themselves possess the highest qualifications?

Elizabeth Selden, a former Superintendent of Butterworth Hospital, calls attention to the immaturity of the average nurse candidate, and says, quite rightly, that no young woman should be permitted to assume the responsibility of caring for the sick until those latent emotions and instincts of the adolescent period shall be well developed and under perfect control.

The immaturity of the nurse and her educational unpreparedness very markedly limit her activities in these broader fields of sociology where she is so much needed. The special opportunities to educate the public in Hygiene, in Health Maintenance, in Disease Prevention, which she will have in public welfare or social service work, should be matched by her ability. Such a nurse should have maturity, a reasonably broad knowledge of the world, an unusual sympathy and certain educational qualifications greater than that required in most other forms of nursing.

An appreciation by the laity and the leaders in the nursing profession of the need for nurses with a better educational groundwork, has led to a linking of the nurse's training with certain centers of higher education. A plan, one in which I am much interested because of its local origin, utilizes convenient university, collegiate or high school facilities with their trained teachers for the more definitely theoretical education of the nurse.

I should like here to give credit to Mrs. John W. Blodgett for bringing to Grand Rapids the idea in which was the germ of the present plan. Long interested in local and, indeed, country-wide hospital and public health work, and a trustee of Vassar College, she conceived the idea of offering the facilities of that institution to especially qualified young women for the giving of an intensive theoretical course preparatory to a practical nursing training. It was a war-time measure, proposed in order to cut short the required time of training without in any way reducing the standard. The idea backed by the Council of Defense, and financially aided by the Red Cross, was successful both in its appeal to the young women and in its aims. The Vassar plan spread throughout the country, universities and colleges gave freely of their facilities, while the hospitals willingly shortened their nurse training courses for these unusually qualified young women. It was this idea, brought to Grand Rapids, which was later to be developed by Jesse Davis, President of the

serious lack of executives in hospitals to improve the nursing service themselves possess. The Butterworth average nurse should be able to care for the sick until the hospital period shall be completed. The preparedness of sociology to educate in prevention, work, should be a maturity, a sympathy and need in most of the nursing ground-ain centers interested in collegiate the more

The plan, now in its third year, has proven wonderfully satisfactory. The Superintendent of Schools, W. A. Greeson, and the Board of Education, have generously coöperated, furnishing an adequate teaching staff and permitting free use of the college buildings and facilities. Other cities now have adopted practically the same plan,—Kansas City for one and, curiously enough, Prague in Czecho-Slovakia. Today, Butterworth, St. Mary's and the Blodgett Memorial Hospital nurses accept, at Junior College, the privileges offered them by the Board of Education. The work is given to these nurses together; much time is saved and a healthy rivalry established. The hospitals send their apprentices or probationers, as they are usually called, to the college for four months, and supplement their course by didactic teaching in the hospital. Two of the hospitals require but two hours a day floor nursing during this period.

The subjects taught include anatomy, physiology, bacteriology, materia medica, dietetics, chemistry, hygiene and sanitation. These four months, in addition to the actual theoretical knowledge gained from lectures and class-room work, give the apprentice a certain mental adjustment to the work to come, together with a degree of familiarity with hospital life and customs which is of exceeding value to both herself and the hospital. You understand, of course, that textbook work does not end here, but is continued throughout the entire three years by the director of nurses, her associates and the hospital staff.

Though lectures and class-room work are here emphasized, it should not be forgotten that these are, after all, subordinate to the practical work of the nurse. It may be assumed,—I hope the assumption is correct,—that the school which lays stress on this didactic training will insist on an equal standard for its practical training.

It may happen, I am not sure that it isn't happening with us, that in this pioneer work, the one may progress more rapidly than the other. This is most likely to happen in the smaller hospitals where the limited number of patients precludes a division into services,

more particularly the smaller services,—gynecological, contagious, orthopedic, neurological and children's. In Grand Rapids, as in other cities, the hospitals have tried to supplement this weakness by making affiliations with other hospitals, to which the nurse desirous of specializing and with proper qualifications, may go. For example, the Blodgett Memorial Hospital offers to its senior nurses, with credit for the time thus spent, from one to three months in the New York Nursery and Childs' Hospital, the Contagious Hospital at Flint, the Obstetrical Clinics of the Chicago Lying-in Hospital, the Medical Clinic of Cook County Hospital, the pediatric service of the Blodgett Home for Children. The nurse may take advantage of the course in Public Health Nursing at the University of Michigan and she must have at least two weeks of actual field work with the visiting nurse of the Grand Rapids Social Welfare Association.

Another plan had its origin at the University of Minnesota some years ago. This plan provides for the nurse a true university education leading to an A.B. or B.S. degree with the addition of a nurse's certificate. The student nurse is in every sense on a par with the other university students. The course is usually five years, of which three are in the university proper and the last two in affiliated hospitals. The control of the student nurse rests at all times with the university. Among the universities other than this which have adopted such a plan are the Universities of California, Indiana, Cincinnati and, beginning this year, the University of Michigan.

A comparatively few years ago any group of men could incorporate themselves as a medical school, give a certain amount of teaching and issue diplomas. Certain of these schools were nothing more than diploma mills, others more sincere did the best they could to give instruction, but with a woeful lack of proper facilities. The American Medical Association in an effort to improve the quality of medical education made a careful survey of all the medical schools of the country and at the same time established a standard on which they could be graded. The resulting publicity was effectual not only in raising the standard, but in putting quite out of business the inefficient schools. Later a similar grading of hospitals was made possible by the organization known as the College of Surgeons. A movement directed by the Rockefeller Foundation is now under way, which has for its purpose the grading of training schools for nurses. I assume that this grading will be on the basis of both theoretical and practical training; that into consideration will come the grade of the hospital, the housing of the nurses, the hours of duty, the attention given to the nurses' health. It may well be that, with

this grading may come a solution of the nurse problem in its practical relation to the public. From those training schools attached to hospitals, able because of great facilities to give much to their pupil nurses, or from universities with affiliated hospitals, will come the nurses for high executive positions, more particularly those positions where the opportunity of educating the public exists.

From those schools not entitled to the maximum grade, perhaps because of lack of hospital equipment, or their location in smaller communities, will come nurses well fitted for other branches of the work. For example, a training school associated with a well-run hospital in a small community might find itself quite justified in accepting an apprentice with less than a high school education and would give her a good two years' training especially planned to fit her for the ordinary private home case. Such a nurse should not expect to receive quite so high a wage, for her investment in education and time is not so large, and since she can afford to work for less, she will fill a great public need. An added advantage will be that the patient may, through this grading, know in advance something of the services for which he is paying. If the proposed trained attendant is to receive her nine months' training in a hospital which maintains at the same time a general training school, and this seems to be the present idea, I see confusion and complications, not only in the planning of the work, but where the qualifications and the ideals are of different standards in the maintenance of a proper spirit between the two classes of apprentices. The plan I have mentioned will obviate this and, I believe, produce better nurses and greater hospital efficiency.

You are finishing a three years' grind—you have to some extent given of yourselves, I know, but, after all, these three years have been rather a personal affair with you—you have been preparing yourself for your life's work—what you have done has been largely for your own benefit. Perhaps among you there are those who in entering this training school were actuated largely by the desirability of getting into a very well paid profession. Your teachers have failed, the entire three years' training is for you a failure, if at this moment of real entrance to your chosen field you do not see that a nurse's profession beyond all others must needs be altruistic to a large degree. If you are not willing to sacrifice your comfort and your strength, if you are not willing to give of yourselves largely that your patient's body and mind may be eased through the dark hours of pain and unhappiness, then you had better stop right where you are.

The laborer is worthy of his hire and I am glad to see the nurses paid an adequate living wage, but if you can not on occasion, "temper

the wind to the shorn lamb" and find a portion of your recompense in the satisfaction of having helped by sacrifice of money as well as self, then you had better quit nursing and get a job in a factory.

I have talked to you tonight on the higher education of nurses, I thoroughly believe in it. We need the best training that money can give and the individual receive, but I see also a danger, I see it now in my own hospital work. There is a tendency for the hospital to be over-institutionalized, for the patient to be treated quite too impersonally.

If you are a doctor or a nurse and want to get really the most from your professional life, your patient must be your friend, and to him must flow without volition a stream of sympathy and tenderness and consideration. Your return and my return is large, not alone in the appreciation of the patient and the satisfaction of the doing, but the details, the unpleasant details of the day's work are less onerous, less unpleasant, less like work. So if in this effort to give the nurse in training the benefit of a college or near-college education, we are to lose this human touch, if we are to produce just a competent human machine, I say let's stop, but I know that it is possible to combine both. I know that with the right sort of material, the ideals, the old-fashioned ideals of the old-fashioned nurse will but be intensified by the possibilities opened for the women of today through this higher education.

I urge you to interest yourself in things outside of your profession, good books, music, world affairs. Develop within yourself a certain culture, do this for yourself, for nursing is often times dreary work and you should have within yourselves a something to counteract that atmosphere of pain and suffering, unhappiness, sorrow and sordidness in which so much of your time must be spent,—but do it for your patient also. That nurse is far and away the best nurse who can bring to her shut-in patient a bit of the outside world, who can give an uplift through a well-read, well-chosen printed page, whose conversation runs to happier subjects than operating-room gossip, a unique operation or patients' foibles. I urge, I particularly urge, that you do not consider yourself competent to take up any of the perhaps more attractive specialized lines of work until you have had a certain amount of private-home nursing. The best specialists I have known, among physicians, are those who had some experience in general practice before taking up their special work. This is for the nurse doubly true. The close personal contact with the patient in the home develops that sympathy, that understanding, that tact, that self-reliance, that appreciation of the individual's personal and domestic problems which will have more practical every day value

than almost any part of your training. In addition, you will find a wonderful satisfaction in this truly personal service. You will in many instances receive from the patient and the patient's family, not only gratitude, but affection and lasting friendship. It's worth while, so much worth while, that I urge you again to so plan.

Among the writings of Moses Maimonides, a famous Jewish writer of the Twelfth Century is to be found a Prayer for Physicians. In beauty of thought and expression it is so splendid that I wonder that it is so little known. A portion of the prayer is quite applicable to you:

O God, Thou hast formed the body of man with infinite goodness; Thou hast united in him innumerable forces incessantly at work like so many instruments, so as to preserve in its entirety this beautiful house containing his immortal soul, and these forces act with all the order, concord and harmony imaginable. But if weakness or violent passion should disturb this harmony, these forces would act against one another and the body return to the dust whence it came. Thou sendest then to man Thy messengers, the diseases, which announce the approach of danger, and bid him prepare to overcome them. The Eternal Providence has appointed me to watch o'er the life and death of Thy creatures. May the love of my art actuate me at all times, may neither avarice, nor miserliness, nor the thirst for glory, nor a great reputation engage my mind; for, enemies of truth and philanthropy, they could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. Endow me with strength of heart and mind so that both may be always ready to serve the rich and the poor, the good and the wicked, friend and enemy, and that I may never see in the patient anything else but a fellow creature in pain.

O God, Thou hast appointed me to watch o'er the life and death of Thy creatures; here am I, ready for my vocation.

GOOD THINGS AHEAD

THE April number of the JOURNAL will contain an article, "The Making of History in Nursing Education," by Richard Olding Beard, M.D., and also his picture. Hundreds of nurses scattered about the country who have read his defense of our standards in the *Pictorial Review* and who feel most grateful to him for his interpretation of our aims will be glad to read this new article by Dr. Beard and to see his face.

The April JOURNAL will also contain an article by Miss Goodrich, in the Department of Hospital and Training School Administration, on Plans for Centralizing Nursing Schools. Miss Goodrich is delightful on any subject. Her paper will be followed in the May JOURNAL by a detailed plan for working out a central school, by Harriet Gillette.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: *Blanche Pfefferkorn, R.N., and Grace Watson, R.N.*

IN THE NEWER SPIRIT OF TUBERCULOSIS NURSING¹

BY KATHERINE JANE DENSFORD, A.M., R.N.

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THE Cincinnati Tuberculosis Sanatorium is located on Price Hill, one mile distant from the car line on a beautiful eminence with hills, valleys, and woods surrounding. The outlook from any spot on the grounds is pleasing and the slightly wooded and rolling hills stretching out in the distance give to one always a feeling of bigness and space and of rest. Erected in the middle of one of Nature's beauty spots, the Sanatorium needs only to look about, partake somewhat of the spirit of the Nature surrounding it and, as Antaeus of old, after touching Mother Earth, lift up its head and with renewed vigor and inspiration turn back happily to its task of caring for the tuberculous patient and of preventing the spread of the disease itself.

The first building of the Sanatorium was erected in 1879. In 1916 and 1917 several new buildings were added. The capacity is 269 beds, accommodating 132 white men, 52 white women, 34 colored men, 4 colored women, and 47 children. There are seven wards, four of which have solaria, each containing 12 beds. In addition, one cottage is so built that all beds may be rolled outside by merely raising the large windows of the small wards. The children's pavilion on a hill overlooking the city, and the Sanatorium proper, are located one-quarter of a mile from the rest of the buildings. On December 25, 1921, the Kiwanis Club of Cincinnati presented to the city a three-room school building for the use of the children so that every child, while at the Sanatorium, may have, not only the regulation work but, in addition, elementary manual training and home economics. The children have Eskimo suits and felt boots, which means that every child, no matter how cold the day, may play outside, provided his physical condition permits. On Saturday and Sunday the school rooms, under the supervision of a nurse, are used as play rooms.

In the nursing department there are at the present time three types of workers: graduate nurses, senior student nurses, and attendants.

¹ Read at the January meeting at the Cincinnati League of Nursing Education.

The Sanatorium has class room facilities, and to the attendants on duty in the Sanatorium at the present time, the course for attendants of nine months, as endorsed by the National League of Nursing Education, is being given, with such slight modifications necessary to the Sanatorium's needs. The attendants will spend nine months in this course in the Sanatorium and will receive a certificate stating the amount and character of the work taken during this time. The class work at present must be in addition to the ward work, as attendants are to be paid their regular salary. The idea is that the enterprising attendant, spending forty-eight hours weekly on the wards, can find time for the class work, so that she will be better trained and the Sanatorium will at the same time be receiving more intelligent service.

Heretofore, senior student nurses from the School of Nursing and Health, University of Cincinnati, have been sent to the Sanatorium at different times for a period of one month for practical work in the wards. During the semester just closing the senior class of this same school and all graduate nurses from the Sanatorium have attended the course of lectures recommended by the National League of Nursing Education and given at the University by physicians—specialists in this field—and by registered nurses, the supervisor of the Sanatorium and her assistant who are regular instructors in the School of Nursing and Health, University of Cincinnati, and who took the course in Tuberculosis Nursing at Oteen, North Carolina, arranged by the National Tuberculosis Association during the summer of 1921. This means that all charge nurses and all student nurses will go to their ward work with at least some understanding of and sympathy with the problems of tuberculosis. They will be able to coöperate more intelligently with the doctor and the patient in the great business of caring for, arresting, and preventing tuberculosis. At present it is possible to give to the student nurses but one month on the wards, but it is hoped soon to lengthen this period of time to meet the minimum requirements of the National League of Nursing Education. When the course is more fully organized and additional equipment provided, affiliation in tuberculosis nursing will be offered to other schools. An eight-hour schedule was put into effect December 9, 1921, in addition, the nurses and attendants have one day off each week. The night nurses and attendants work with the same schedule, having three hours off each night and one night off duty each week.

A nurse assists the dentist who holds dental clinics three times weekly caring for ambulatory patients in the clinics and going to the wards to care for bed patients. The nursing department has also one nurse who has been four years in the X-ray department.

There is also a surgical dressing nurse who assists the nose and throat specialist at clinics held weekly.

The nurses' home, a modern building, needs only some slight additions to make it a most attractive place. There has been tried recently the project of having a house mother in the home, who not only looks after the physical needs of the nurses and attendants and housekeeping, but who is the social sponsor for the house as well. She has planned and successfully put into execution the plans for Halloween, Thanksgiving, Christmas, and other parties in the home.

There is in the Sanatorium a dietitian who is responsible for the diet served, but it is to the nurses she must look for the carrying out of her wishes on the wards, and subject to the doctor's orders regarding food for the patients, the requests of the dietitian concerning food and the serving of food, are and must be taken as law. An effort is being made, and rather successfully, to individualize as much as possible the diets and to satisfy, if at all possible, long cravings for a particular kind of food. For example, the colored male patients wanted and asked for some black beans. These were served in that ward. Now another ward is making the same request and the wish will be gratified. For days one man wanted some rabbit. As soon as possible it was prepared and given to him. Oftentimes the patient will eat but little of the special diet prepared, but receiving it, he is satisfied and his mind is at rest.

Through the social service department the thousand and one little things necessary for the comfort of the patients and their peace of mind are being looked after. For example, through this department, it was possible at Christmas time to provide every patient not otherwise remembered with a gift and also to provide gifts so that each patient was able to surprise his family at home with some little remembrance.

A relationship is maintained between the patient in the Sanatorium and the family through the city and county public health nurses who visit the Sanatorium and see the patients who come from their particular districts.

One of the things which is attempted in all tuberculosis work is getting into the consciousness of the patients the value of the rest hour. At the Sanatorium we are now trying, and succeeding we feel in a very large measure, in securing a very strict observance of rest hour by everyone—patient, doctor, nurse, porter, and maid—and we find that when doctor, nurse and help are most observant of rest hour, then also will the patient be. Incidentally the graduated exercise as ordered by the doctors must be carried out—but we find patients only too willing to obey the rules of exercise until rest hour

comes on them. It is sometimes necessary for doctors to see patients during rest periods, but we feel at almost no time is it necessary for any one else to disturb them. The following poem, written by one of the patients and used here with his permission, is indicative of the emphasis placed on rest hour:

"REST HOUR"

The saddest words of which I ken
Were coined for us poor T. B. men.
We hear them time and time again—
"It's rest hour."

I rest and rest until I tire;
I suppose I'll rest 'til I expire;
These words quite quickly rouse my ire:
"It's rest hour."

I'm resting twenty hours a day;
I eat my meals and hit the hay;
'Til I get sick when doctors say,
"It's rest hour."

And oftentimes I think with dread
That maybe someone when I'm dead
Will place these words above my head,
"It's rest hour."

If I'm not resting very well,
And want to talk for just a spell,
Some lazy boob lets out a yell—
"It's rest hour."

Enough! Repose I now must seek,
And should some rough-neck dare to speak,
You'll hear Yours Truly loudly squeak,
"It's rest hour."

In fact, "rest hour" is so much a part of the every-day parlance that when one of the wagon drivers on the grounds was asked to make an extra drive one day he replied in all seriousness that he could not because his horse was having its rest hour, and it may be added that he did not.

An intangible but very real and important element in Sanatorium nursing is the perennially discussed "Spirit of the Institution." The spirit of a place is almost too indefinite a subject on which to comment and yet it is the spirit in which all of the work at the Sanatorium is done that is going to make for success in the care and prevention of the disease. If doctors, nurses, and employees are cheerful and

carry with them the spirit of the "will to get well," patients are going to catch something of that same spirit. Before anyone is employed in the nursing department an attempt is made to find something of the attitude of the individual toward life, toward work, and toward tuberculosis. Is the individual a booster, who helps to push, and who does not knock? If so that individual may well be added to the working staff, for knowing as we do that in tuberculosis almost as much depends on mental rest and happiness as upon mere physical comfort, we are striving to surround the patient with a cheerful, livable and coöperative atmosphere, making the patient realize at the same time, if we can, that much depends on him, that certain things can be done for him, but in the final analysis it is he who must do the resting, he who must be cheerful and he who must be coöperative.

The question may well be asked,—To what end all this? And there is but one answer—namely, in order that tuberculosis may be prevented. For the accomplishment of this purpose it is necessary that patients be not only cared for, but that they be taught the "tuberculosis language," that they not only know the language but that they follow out for themselves the necessary precautions and in turn that they become teachers of their own families and friends as to the care of the disease and the prevention of its spread. It is as if one wave of information and enthusiasm carried on for years by a few faithful workers in state and local tuberculosis associations were receiving a new momentum from the educational plans of the National League of Nursing Education in coöperation with the National Tuberculosis Association to prevent tuberculosis. This wave in turn taken up, interpreted, and passed on by a larger number of doctors and nurses and by both, to patients and by all to the public, is helping slowly but surely to push back the morbidity and mortality of the disease.

NOTICE: The National League of Nursing Education at its Headquarters Office, 370 Seventh Avenue, New York City, has a considerable number of the Annual Reports of the League for the following years: 1909; 1912; 1913; 1916; 1918; 1919 and 1920, bound in cloth or paper. These volumes should be placed in the libraries of schools of nursing, and the Board of Directors recently voted to offer them for this purpose at 50 cents each. We hope that many of the superintendents of schools will feel as we do, that an incomplete set of these Reports is better than none, and will place their order at once.

The Publications Committee is extremely anxious to complete a few sets of these Reports and will be glad to purchase copies from individuals for the years not included in the above list. Please notify R. Inde. Albaugh, Chairman, 370 Seventh Avenue, New York City.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE SCHOOLS OF NURSING IN THE OLD WORLD

I. PRAGUE

WITH the assistance of the American Red Cross and under the supervision of the Red Cross Nursing Service, there have been established in Europe since the war four schools of nursing. These are located, in order of their establishment, in Prague, Czecho-Slovakia; Constantinople, Turkey; Posen and Warsaw, Poland.

This chain of schools, each link of which has been carefully, almost prayerfully, conceived and planned, and each of which represents months of hardship and surmounting of well-nigh incredible difficulties by the patient and devoted American nurses, will constitute in time a mine of resourcefulness and technical knowledge out of which the Europe of the future may draw the material for her own needs, and the trained personnel with which to work out her own problems of health, health education, and community progress.

That the first of these four schools should have been located in Czecho-Slovakia is due partly to the influence of Alice Fitzgerald who, as Director of Nursing in the League of Red Cross Societies, was deeply interested in developing the nursing field throughout Europe, and to Dr. Alice Masaryk and her father, the president of the new-born Czech Republic. Undoubtedly it was the breadth of view, the sympathetic understanding, and the far-seeing vision of the Masaryks that crystallized the public opinion of their countrymen so that American Red Cross participation was sought in the reorganization and modernizing of the nursing profession in Czecho-Slovakia.

Under the old regime, when Bohemia, as Czecho-Slovakia was more generally known, belonged to Austro-Hungary, Austrian nurses had founded their own system of training in one of the hospitals of Prague, known then and now as the State Hospital. This term did not imply, as is often the case in America, a hospital for the care of insane patients, but denoted merely that the state controlled the institution. It was in 1914 that the Department of Health authorized the establishment of this school of nursing in Prague, with separate Czech and German Departments, but prior to this event, young women who wished to study nursing had been compelled to go to Vienna or Germany for their professional education and training.

In 1916 the first class entered this Austrian-sponsored school, and since that time some fifty young women have taken the course in the Czech section, receiving diplomas in nursing.

But the standards of the school, though higher and sounder than obtained in many of the less progressive European countries, by no means approached American ideals, and in the summer of 1919 when Miss Fitzgerald, in the course of her survey of European nursing conditions, visited Prague, the attention of all the best minds of Czecho-Slovakia was focused upon the need of thoroughly modern and Americanized systems of nurse training.

A plan was worked out, therefore, by which an able Committee, with representation from the Czech Red Cross, the Ministry of Health, and other important groups, was created for the purpose of cooperating with the American Red Cross in order to give to Prague a school of nursing from which might be graduated a type of nurses whose example and influence would gradually revolutionize the nursing standards of their country. Two American nurses, Marion G. Parsons and Alotta M. Lentell, were sent over by the American Red Cross Nursing Service, three additional nurses being later assigned, as the work increased, to assume the responsibility of reorganizing this school. At the same time two Czech nurses, graduates of the State Hospital's Training School, were given scholarships by the American Red Cross for two years' study in America, so that they might return to their Alma Mater, bringing to it the benefits of their wider experience. It was expected that upon their return they would be placed in charge of the school at Prague. Unfortunately, however, the health of one of these nurses broke down and it finally became necessary to send her back to her native land.

The curriculum covers a period of two years and includes the study of Anatomy, Physiology, Bacteriology, Hygiene, Medical, Surgical and Gynecological nursing, care of infants and children, Psychiatry, Hospital Administration, Civics and Public Health Laws and Social Care. This last named includes practical nursing experience in the field, and has necessitated the appointment of a well-trained public health nurse from America for the purpose of developing the theoretical course as well as the teaching field. A course in English is also given so that professional literature in that language may be made available for Czech nurses. The aim of the curriculum has been to make the course cultural as well as technical, for it is well realized that the modern nurse must have broad, sympathetic and social vision as well as professional knowledge and skill.

The Red Cross Nursing Service, rich and varied in resources, was found to contain the name of a Czech-American nurse eminently

adapted for duty in the Prague School. This young woman, Miss Kacena, having been born in the United States, spoke English fluently and, in addition to the qualifications connoted by her enrollment in the Red Cross Nursing Service, had specialized at Teachers College in training school administration. Miss Kacena has rendered invaluable service in teaching the practical work in the wards, her knowledge of the Bohemian tongue giving her an unusual advantage.

In the arrangement of the wards the State Hospital was fairly well suited to the purposes of a school of nursing, but facilities for demonstrating modern methods of nursing were almost entirely lacking. Equipment was most primitive, the tea kitchens and lavatories antiquated and inadequate, and little or no provision made for hot water supply. An occasional portable bath tub was seen.

Not the least of the interesting features of the Prague School, and one which marks it as in consonance with the spirit of the times, is the establishment, notwithstanding its youth, of an Alumnae Association. This organization, inspired by the American nurses, has done much to promote the social life of the school by arranging parties and occasional lectures. Though it is scarcely a year old, its influence is already being felt. Its aims are lofty and are well defined in the Constitution:

I. To create an interest in nursing in young women of higher education and good character.

II. To elevate the standards of nursing in the hospitals of the country.

III. To work for the social and economic interests of nurses and for the maintenance of high ethical standards for the nursing profession.

Writing of the newest venture in the realm of useful education for the young women of this country, the Czecho-Slovak Red Cross Magazine comments:

An organization of earnest, intelligent women with such objects in view cannot fail to be of great value to their school as well as to the individual members themselves and one may look forward to the time when the Alumnae Association of the State School of Nursing in Prague will be represented in the International Council of Nurses.

Thus far the State School of Nursing in Prague is the only one in Czecho-Slovakia which gives a recognized course of training and a diploma in nursing, therefore great responsibility rests upon it for this school must not only provide skilled care of the sick, but it must also prepare its nurses to be the future teachers, executives and leaders in this country. Other schools of nursing are urgently needed, for the whole extensive programme of public health is handicapped by the lack of thoroughly trained nurses to assist the physicians in its development. *But these schools cannot be established until there are diplomatized Czecho-Slovak nurses qualified to direct and to teach in them.*

On April 1, 1921, there were enrolled in the State School, 66 pupils, while 16 were graduated in 1921. One of the graduates of the class of 1921 has been brought to America to take the place of the nurse whose health broke down and is now taking a special course at Teachers College. She spent last summer at the Presbyterian Hospital, New York, to gain practical experience, and it is hoped that she can spend the coming summer at the Massachusetts General Hospital, Boston, where a member of the first group of Czecho-Slovak students, who will graduate in the fall, has been studying ever since her arrival in this country. The new pupil will be given credit of one year for the work she had done in the State School, the course at the Massachusetts General Hospital being three years.

Too much credit could scarcely be given to the patient and indomitable women who have worked so indefatigably for the success of these schools of nursing. Facing famine conditions and shortage of supplies that prevailed when the Prague School was first established,—and at the time of Miss Noyes' visit, in the winter of 1920, these were so extreme that but one cake of soap, two inches square, could be issued to an entire ward each week, while the shortage of bed linen and blankets to say nothing of the limited diet of patients and nurses, were pitiful, but inevitable factors to be coped with,—these courageous souls had also to struggle against the antagonism natural on the part of those already in the school who clung to the traditions and customs that belonged to the Austrian domination. There were also the difficulties presented by a foreign tongue. Yet these nurses plodded on, in very truth the missionaries of health in a foreign land. That the school is succeeding is an eloquent tribute to their courage, devotion and optimism in the midst of the most adverse conditions.

ITEM

MISS FITZGERALD TO GO TO THE PHILIPPINES

ALICE FITZGERALD who, as the nurses of America know, was sent to Europe in 1915 as the Edith Cavell Nurse, later serving as the representative of the Nursing Service on the American Red Cross Commission to Europe, from which she went to the League of Red Cross Societies as Director of Nursing Service, has now accepted an appointment in the Philippines. She will go with Dr. Heiser, both ranking as members of the Governor's staff, their expenses and salaries paid by the Rockefeller Foundation, which has appropriated a sum for the study of health conditions in the Philippines. Miss Fitzgerald's special mission will be the study of schools of nursing in the islands with a view to introducing courses in public health nursing and the establishment, under Government auspices, of public health nursing. She expects to sail from San Francisco early in March.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

EXAMINATIONS FOR HOSPITALS AND VISITING NURSES IN BELGIUM

BY M^{lle}. CECILE MECHELYNCK

Directrice Generale de l'Association des Infirmieres de Belgique

(Translated by the League of Red Cross Societies)

ALL those interested in the question of nursing in Belgium hailed with acclamation the Royal decree of September 3, 1921, which regulates the training of hospital and visiting nurses. Two state nursing examinations had been in force for some time, but were not satisfactory, and in many of the better schools they were not taken. The first of these examinations, for which a certificate was awarded, required merely theoretical knowledge and the second, for which a diploma was given, was held after two years' practical work. As, however, nurses were permitted to practice after the first examination, confusion resulted, the public being unable to differentiate between the two grades of nurses.

The Royal decree regulates the course of study required for both hospital and visiting nurses as follows:

No pupil is accepted for examination unless she has followed, as resident nurse in a nurses' training school, the theoretical instruction and demonstrations to be given, with the exception of classes in domestic economy, pedagogy and sociology, by doctors of medicine. Three years of study are obligatory for all pupils. Two years of the course are identical for both hospital and visiting nurses, general nursing training being given for that period, but the third year the student specializes in the branch selected, either hospital or visiting nursing.

Hospital nurses must have had at least two years of study in medical and surgical clinical work, contagious and special diseases.

Visiting nurses must take: (1) One year medical and surgical clinical work, contagious and special diseases; (2) Four months children's medical and surgical clinical work, maternity work, infant welfare clinic work, creche and maternal dispensary work and work in defective children's colonies; (3) Two months' tuberculosis work in clinics, dispensaries and sanatoria; (4) One month's work in clinic for skin and venereal diseases; (5) One month medical school work; (6) One month medical and surgical out-patient work.

At the end of the third year, the nurse can present herself for examination before the provincial medical commission, which is under

state control. After passing the examination she receives, besides her diploma, a badge and identity book. The transitory period before the law comes into complete force extends till October 1, 1924, but from October 1, 1921, the first examination is dispensed with, and no new students will be permitted to terminate their studies without being registered at a recognized training school. Those who have already commenced their studies will be permitted to continue them where started. From now onwards all prospective nurses will have to take a three years' course in a training school approved by the provincial medical commission. It is hoped shortly to have state registration of trained nurses with penalties for illegal practice similar to those pertaining to doctors and midwives.

WHERE A LITTLE CARE SAVED AN EXISTENCE

BY EVELYN WALKER

Directrice Nursing Service, American Committee for Devastated France

IT IS eleven o'clock at night, all the Comité houses or barracks, where the chauffeurs and nurses live, will soon fall asleep in the silence of the night.

Suddenly resounds the ringing of the bell. We do not promise service at night, but nevertheless they come very often asking our services, because in no other part of Soissons can be found any help, so because of the urgency of the case, and the pressing note of the doctor we bring forth our kit, one of our brave chauffeurs starts her car, and here we are on our way to some bed of pain.

And it really is a bed of pain! A husband is asking assistance from a nurse for his wife, taken suddenly ill. He brings a message very urgent from the doctor, who asks as a very great favor that one of us spend the night with her. He has discovered a "*grossesse extra-uterine*." She will have to be operated upon tomorrow; her case is very serious, almost fatal, due to an internal hemorrhage. And we are to see that another hemorrhage does not occur, to give her injections of camphorated oil, and serum to hold the life that seems slowly ebbing, and to try and give her sufficient strength to undergo the operation. If these cares are not given her, death seems very likely. I stay at her bedside while her husband goes to awaken the nearest druggist, in order to get the necessary drugs.

The patient is cold and discolored, without life almost. But, even if I can revive her, will she be able to wait very long for the surgeon? In Soissons we have only doctors and surgeons who attempt minor operations. This case necessitated calling in the

famous surgeon of Compeigne, who comes regularly twice a week to the hospital at Soissons.

Anxiously I ask the doctor, "When do you think the surgeon will arrive?" He gives me an evasive answer, "We must wait until 8 o'clock in the morning, when the telephone offices are open. Then we will call Dr. Woimant who, if he has not already started on his rounds, will come and make the necessary operation." What a waste of time before the poor patient can be properly cared for! "But," I say to the doctor, "since it is such an urgent case, perhaps there is something else we can do, instead of waiting for the morning and for the opening of the telephone offices, there is the Comité, and if I ask them I do not doubt but that the devotion of one of our chauffeurs will make it possible to go to Compeigne, in spite of the night or the cold, to tell Dr. Woimant, and probably bring him back with her.

Thus the expedition was arranged and, while the auto started in the direction of Soissons, with a nurse to explain the case to the doctor, I stayed at the bedside administering such help as I could, and waiting anxiously their return.

To the husband, stunned and grieved at the sudden seriousness of his wife's illness, I could give very little hope. In caring for my patient the hours of the night passed very quickly,—if it had not been for the intense suffering of the patient, and for the anguished waiting for the surgeon.

I had calculated that he could have arrived at half-past five. During the last two hours, my patient is really better, the hemorrhage has stopped, and a little color has come back to her cheeks, her lips are a little less discolored.

But the auto does not come back, and after an hour of such waiting, we hear the chugging motor. They had had a very bad trip, flat tires, etc., and worst of all, they did not bring back the surgeon. He was absent in Paris, therefore we must start out for Laon to get Dr. Lemarchal. It is the only hope. The patient's condition continues to improve slightly. After telephoning to Laon, we start out to get Dr. Lemarchal. One can visualize his being brought back to Soissons where the operation can be performed, but again,—where get the means of transportation? Again the American Committee comes to the rescue with its ambulance. Two nurses place the patient as carefully as possible on the stretcher, and the auto starts gently, very gently, to avoid as much as possible the shocks over the still more or less uneven roads of the destroyed village.

Our patient suffers very much, but the life which seemed ready to abandon her at any moment is slowly coming back and there is

hope that she will be able to stand the operation. And truly the ending is a happy one. The ability of the surgeon delivered her; she will not be able to have any more children, but she will undoubtedly recover. When I thanked the surgeon for having allowed me to help in the operation, he replied: "It is we who thank you. It is due to your good efforts that this result was obtained. You checked the hemorrhage and, consequently, postponed death. You did not prolong her state, but helped it in such a way that we were able to operate and she was able to stand the operation."

These thanks are not for me. I want to transfer them to the Comité and to all those interested in the Committee and its support. If there were any contribution of mine, as nurse, it was only possible because the Committee was there, furnishing the implements, the necessary transportation, without which the best intentions in the world remain powerless.

WHO'S WHO IN THE NURSING WORLD

IX. MARY ADELAIDE NUTTING

BIRTHPLACE: Waterloo, Quebec, Canada. **PARENTAGE:** Canadian. **PRELIMINARY EDUCATION:** Private schools in Ottawa and Montreal, studied music and art for several years and taught music. **Professional education,** graduate of Johns Hopkins Hospital Training School, 1893. **POSITIONS HELD:** Assistant Superintendent of Nurses, Johns Hopkins Hospital, 1893-1894; Superintendent of Nurses, Johns Hopkins Hospital, 1894-1907; Professor—Institutional Administration, Teachers College, Columbia University, 1907-10; Director, Department of Nursing and Health, 1910 to the present time. **OFFICES HELD:** Maryland State Nurses' Association, President, 1903, Honorary President, 1907; Nurses' Associated Alumnae (now A. N. A.), Charter Member, 1898, Vice-President, 1899; Society of Superintendents of Training Schools for Nurses (now League of Nursing Education), Secretary, 1903-06, President, 1897 and also in 1910, Chairman Committee on Education, 1903-08, 1911-20; Chairman Isabel Hampton Robb Memorial Fund Committee, 1915-20; Member, International Council of Nurses and Delegate to International Congress of Nurses, 1912; Chairman, Committee on Nursing, of Council of National Defense, 1918-20; Member, National Committee on Nursing of Red Cross. **AUTHOR OF:** Joint author with L. L. Dock of *The History of Nursing*, Vols. I and II; *Reports and Monographs on Education of Nurses*, Bureau of Education, 1905, 1907, 1912; various papers, addresses, monographs on nursing subjects, 1893-1922. **ADDRESS:** Teachers College, Columbia University, New York City.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

THE MATERNITY AND INFANCY LAW AND STATE NURSE DIRECTORS

BY HARRIET L. LEETE, R.N.

Director of Field Work, American Child Hygiene Association

WITH the increasing demand for the services of well trained nurses who can direct educational health campaigns, as well as skillfully care for the sick, and with an increasing demand for the development of sound and attractive child health programmes on a state-wide basis, we face an unusual problem touching ultimately every phase of life.

This twentieth century does belong to the child, and unless we as nurses—not public health nurses as usually so designated, but all nurses—meet this challenge and take advantage of the great opportunities presented to us for the betterment of child life, we shall be liable to the reproach of those who follow us.

Are our training schools for nurses giving adequate training relative to normal child life and health? Do pupil nurses receive sufficient training in the care of common illnesses, in the quick recognition of first symptoms, or do they think only in terms of the sick child, and of surgical care? Are we demanding that they appreciate the value of breast milk for the child, and know how to teach the mother the best methods for stimulating the flow of breast milk? Do we comprehend not alone the mortality rate, but the high damage rate, of contagious diseases? Every nurse should accept her responsibility for teaching the importance of preventive measures and the wisdom of deferring contagious diseases until as late a date as possible, for with added years comes a lessened susceptibility. No one knows just how extensive are the after results of uncontrolled contagious epidemics. We do, however, know that measles tends to lower resistance to tuberculosis, a disease contracted in childhood; we do know of damaged hearing, weakened eyesight and other complicating handicaps from lack of an appreciation of the need for control in contagion, but do we disseminate this information until every mother realizes the danger for her child?

How far are we inculcating in their minds fundamental principles of nutritional knowledge as practically applied to the feeding of children? How many nurses are taught vividly the need for establishing right health habits in children,—mental and physical? Do we who go into homes, as do no other class of people, help the mother to

see that proper discipline of the child is a part of its mental training; something very practical which may affect all of its future happiness? It is a never ending circle and the foundation for this fascinating, inspiring work for children must be laid in our training schools.

With a desire to visualize some of the important posts already in existence, I present a brief of some activities of nurses who, as State Directors of Bureaus of Child Hygiene, are planning for the administration of the new Sheppard-Towner Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy. Of the 48 states, 22 have already accepted the Maternity Act within two months of its passage. Fourteen nurses, as Child Hygiene Directors, under State Departments of Health, are planning for the administration of this Act.

In planning effectively big State policies for the health of mothers and children, it must be understood that this one phase of public health nursing demands an educational background, thorough grounding in obstetrics, and an intensive training in the care of children.

Oregon, one of the first five states to accept the Act, has a Director of Public Health Nursing, Jane Allen, with an Associate Director, Cecil L. Schreyer, who is outlining the Child Hygiene programme. I have combined a part of their definition of the scope of the Bureau with a part of that of Alabama, making what seems to be an inclusive definition of the various State plans. It is that "adequate accessible and acceptable maternity care * * * may be made available to citizens of all classes in every section of the country." Some of the outstanding points in all of the State programmes sent in are:

Education—in every possible manner, making it possible for every expectant mother to receive, as her right, and in an educational form, information from the State Department of Health relative to her needs.

Each State seems to appreciate the value of Advisory Boards composed of representatives from organizations, throughout the State—some even have national representatives, who are definitely interested in the health of the mother and child.

Each programme has included in its plan pre-natal conferences for mothers, making it possible for them to have early physical examinations. Those examinations, wherever possible, are to be made by their own physician, but in some way this first opportunity for knowing conditions is to be arranged for. Proper and helpful instructions and directions are to follow this examination; some to be given by the obstetrician, some by the nurse—so that the preparation for the sacred function of entrance into life may not be an haphazard affair.

All Bureaus are striving to make adequate service accessible to the most isolated expectant mother.

Many states have for some time been sending pre-natal letters to expectant mothers. New Zealand goes further than does any of our states. A booklet, "The Expectant Mother and Baby's First Month," is sent gratis to every married

woman under 35, throughout the Dominion. The response to this venture of sending the booklets into all homes through the country is shown by the increased number of young expectant mothers seeking the advice of the "Plunket Nurses," the public health nurses of New Zealand.

Institutes are planned, with the purpose of rendering assistance to the nurses in the field, making it possible for them to discuss their individual problems and to learn best methods of procedure.

All states emphasize the need for stimulating efforts for complete birth registration.

Satisfactory record forms and adequate reporting systems are included in each programme.

Instruction and supervision of midwives seem to be a necessary part of the programme,—just so long as we have untrained midwives practising among our clientele. Most of us little appreciate the significance of a situation such as the one in Mississippi, where there are 4,000 colored midwives in the State, most of whom are illiterate. To prevent infections leading to septicaemia, for they do not know cleanliness, the rule against digital examinations has been rigidly enforced. The midwives quickly take to the wearing of an all-over white gown, for to them it is a "robe." The need for teaching them to deliver their patient on a bed instead of on the floor is a long way from our training school day methods! Yet just such conditions must be met in a practical manner in some of our southern states.

Oregon stresses the need for adequate care for the prevention of ophthalmia neonatorum. Just getting the information across is somewhat of a problem when, within a week, the Director goes from one country where the thermometer registers 25 degrees above zero to another section where it registers 40 below zero. Miss Schreyer reports:

Our train journey took us over three mountain ranges, two of which were 5,080 feet high and the third and last was a mile above sea level. In between we dropped down in each case to about 4,500 feet, and on the last peak after crossing the highest point and beginning to descend, the road makes what they call a "switch back." It goes apparently to the end then switches back on itself, but down the grade, so that the train runs first forward then backward, then forward again, until it has gotten quite a grade down the mountain and has formed an almost perfect letter N. We stopped for the trainmen to get under control two fires that had gotten started beside the track. A dirtier ride, I never want to take, but it was very interesting. Tomorrow I give my little speech to the teachers here and move on to Burns, the county seat of Harney County and 35 miles from the nearest railroad. It is 146 miles, however, from Bend, where I am due on Saturday, and that must all be made by stage. You can see that this is not by any means a pleasure trip, but it is worth while and gratifying.

If you have ever been in Montana, you will know why I jump from Oregon to Montana, for it has such wide stretches of open country, even the school children must board at the school and go home only for week-ends during the winter months. Miss Muckley writes that because of this wide territory, they must plan their work by districts rather than by counties.

Miss Marriner from Alabama sends a comprehensive and entertaining report of the year's work, outlining in detail the advantages and disadvantages of various ways of attacking this relatively new problem: (a) holding demonstrations in centers which are well organized, with well trained health officers; (b) where proper facilities are not available; or (c) a combination of the two.

All these plans have been presented to the State Department and to the various groups interested, for their consideration and approval.

Maine, through Edith L. Soule, has been devoting most of its time to the organization of a Public Health Nursing staff and is now in a position to focus intensively on the Child Hygiene programme. In addition to the other itemized sub-headings under which her programme is to be developed, she definitely plans to study conditions of women in industry, mill, factories, and farming sections, with the hope of bringing about measures to relieve expectant mothers from labor for a definite period before and after confinement.

This carries us back to Wisconsin, where Mrs. Morgan is planning to hold short institutes for capable women who will go into the home, assist with the household duties and give some care to mothers before and after confinement; these institutes are to be held in connection with the Maternity Conferences. Mrs. Morgan will also assist in the promoting of the establishment of maternity hospitals and maternity wards in existing hospitals. Wisconsin is one of the fortunate states with a "Child Welfare Special." It also has a University extension service which makes it possible for the rural physician to obtain scientific information from the Pediatric Department of the University, relative to the care of children.

While we have not seen the Child Hygiene programme from North Carolina, the fact that Miss Ehrenfeld has had a part in the development of clinics throughout the State in the past two years gives her an organization already in the field which will be invaluable. Since their first rural tuberculosis diagnostic clinic was opened there have been 36 such clinics established in 25 counties with about 4,000 examinations.

Arkansas, through Miss Beauchamp, sends a characteristic story of the devotion of its people to the nurse. When the Federal Children's Bureau "Special" arrived on its initial visit to ten of the counties, one colored mammy eloquently expressed it, "Dar, dar, chile, it cum,—yor Uncle Sam has sho sent dat lady doctor to hep yor niggers."

Even knowing the area of New Mexico, we were somewhat staggered to think of working at a concrete problem for an area of 122,500 square miles, with a population of only 360,000. If it is

difficult to secure adequate funds in congested sections, what must be the problem when trying to inaugurate health measures under such conditions? "In three counties only," Miss Tupper writes, "are there two or more nurses working. "Consequently, a nurse's efficiency is measured by the dauntless spirit of resourcefulness with which she adapts the fundamental principles of public health nursing to underdeveloped or isolated communities." Despite these tremendous handicaps, New Mexico's plan for Maternal and Child Hygiene work is fascinating reading, and we feel sure the women who struggled so faithfully for four years to put across a national measure which will assist isolated counties must feel repaid.

Miss Leck, in Michigan, has enthusiastically developed her Child Hygiene programme throughout the State; one feature of note being the nurses' part in the first annual institute held in November, where various phases of child health were discussed. Of the 46 counties having public health programmes, 34 were represented by nurses.

West Virginia and Connecticut, as State Child Hygiene Departments, are represented by Mrs. Dillon and Miss Stack on a Central Committee of the National Organization for Public Health Nursing for the consideration of the nurses' part in a Maternal Welfare programme. Miss Stevens, Director of the N. O. P. H. N., is Chairman of the Committee. Reports from two State Directors of nurses have not yet been received, but with a vivid remembrance of a trip across Texas on a hot September day, I appreciate the size of the State and think my request for information may not have reached its Nurse Director.

Fortunately for the reader this report is confined to Nurse Directors of Child Hygiene Bureaus. Not from lack of appreciation of the services of the physicians who are Directors are their names omitted, but because in this limited space it is impossible to include all of the 40 State Directors of Child Health Activities, and this article is written for a nursing journal.

Suffice to say, other directors are carrying on activities which are amazingly interesting and I am anticipating from one State Department a real picture of what coördination and coöperation can mean. One of the delightful privileges of being a Field Director of a private organization is that of knowing state and local health and educational departments, for to know them is to realize that "We need faith in our cause, perfect organization, courage and indomitable perseverance, to win in this or any other fight. And if we have these fundamental qualifications the fight can be won."

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R. N., DEPARTMENT EDITOR

HEALTH MORALE OF STUDENT NURSES¹

BY SHIRLEY TITUS, R.N.

Milwaukee, Wisconsin

THE percentage of illness of the student body of any school of nursing is indicative of the kind of a school that is being maintained. A high rate of illness may be traced back invariably to three sources; namely, (1) improper environmental conditions (poor food and housing, long hours of duty, lack of proper recreation, etc.); (2) poor technique in handling the patients; (3) lack of system on the part of the training school office in caring for sick or ailing nurses. As a rule, one finds all three of the foregoing factors involved when a high rate of illness is shown.

To handle effectually the sick problem in a school of nursing, accurate record should be kept of all reports of illness whether the case be a bad case or not; this record should be carefully analyzed, at least once during the year, by the superintendent of nurses, the resident physician, or the attending physician who is assigned to the care of sick nurses. This analysis should be made with the idea in mind of finding out what kinds of illness are too prevalent in the school, also, what kind of illness could be eliminated, or materially reduced, by correcting certain environmental conditions or by pursuing a different method of procedure in handling the sicknesses.

The principal of the school is directly responsible for the foregoing conditions, but it is the part the student nurse plays in the sickness problem of the school that I wish to stress particularly today. What I call the "health morale" of the school—that is, the general attitude of the student body toward illness—is a matter of infinite importance in keeping the percentage of illness of the school at a low point and any rational or logical discussion of Health Problems of Student Nurses must necessarily include a discussion of mental, as well as physical health problems, as we have learned and are constantly learning that right thinking is as essential and important a factor to the development of the individual as is right living. The phrases, "training for citizenship," "man's responsibility toward society," "properly trained ethical sense," etc., are all common and

¹ Paper read at the annual meeting of the Wisconsin State Nurses' Association, October 5, 1921.

familiar phrases,—the fact that they are common and familiar phrases clearly intimates that society is beginning to realize that right living, alone, does not necessarily make for good citizenship, etc., that right thinking must go hand in hand with right living in the development of the individual in his relation to society. We see, also, in certain religious movements such as Christian Science, Mental Science, New Thought, and other similar cults, a marked tendency to tie up right thinking with right living and to recognize the great influence that right thinking exerts on good health,—in fact, there is an open acknowledgment that good health and mental maladjustments to life are incompatible. With this clearly defined tendency for society to recognize the necessity for a close correlation between right thinking and right living we cannot, therefore, in a discussion of the health problems of student nurses pass over the problems pertaining to the student nurses' mental attitude toward health, health habits, a hygienic conscience, etc.

Let us first consider the student nurse as she is when she enters training. I believe I am reasonably safe in saying that practically every student enters training with a minimum of knowledge concerning her own mental make-up, her instincts, her "drives," her emotional trends, and her general mechanism for adaptation to life. With this ignorance of herself, she brings with her an "open-mindedness" that is exceptional; she is filled with enthusiasm and interest and is on mental tip-toe to receive new sense impressions. I need not call your attention to the fact that such a receptive mind and unusual mental attitude present such a fertile field that it is remarkable that more effort has not been made to guide and direct these minds in such a manner that, when the first novelty of the new environment is somewhat worn off and that extraordinary initial enthusiasm and interest become somewhat dimmed from the daily routine of duty, such habits have been formed that the student will continue to carry on as a dynamic personality rather than as a passive, static one.

To establish good mental habits it would be essential to give these students a little knowledge of their mental processes. They should be given a rather simple course in psychology—a course that included, perhaps, just an understanding of instincts, emotions, habit formation and a practical application of the same. I imagine that the majority of those present this morning have seen Mrs. Aileen Higgins Sinclair's *Psychology of Nursing*. I believe that the first few chapters of Mrs. Sinclair's psychology would serve admirably in giving the probationers some knowledge of psychology as applied to life situations. Mrs. Sinclair's character studies of the five probationers entering training and the several types of patients are given

in such a manner that the probationer would not only be interested and amused, but would derive a great deal of knowledge concerning herself at the same time. With rather a free class discussion of these character studies, with a small amount of working knowledge of instincts, emotions, etc., I believe each student would at the end of this course of lectures have an "awareness" of herself and would become normally self-analytical. With such an "awareness" of herself and with a tendency to analyze her own actions, I feel that the first step would be taken in getting the student to become critical of her own emotional outbreaks, and her own failures in proper adaptation to the new environment. If she has a "logic-tight compartment" regarding her own failings and weaknesses, or bad, or poor mental habits, the group would quickly check her up on them, for surely no greater critic, or critics, exist than one's own classmates.

In regard to the mental attitude of the student toward health we have always in our schools a fair representation of the three following groups, each group presenting a distinct problem for the training school office to solve: (1) The individual with a marked tendency to neurasthenia,—the individual who fancies she is contracting tuberculosis if she loses a few pounds in weight and who, by the way, weighs herself frequently and who fairly delights in taking her own temperature, who has peculiar pains in her back with always a definite idea of just when and from whom she secured these pains—always, of course, in lifting a patient,—who worries if she menstruates too soon or worries if she menstruates a few days later than usual, and so on; (2) the individual who perhaps does not imagine that she is contracting every disease, but who collapses over every illness, the type who believes sincerely, regardless of what the attending physician may say, that an extra systolic beat spells an early death from cardiac failure, the type who must have relief from every bodily discomfort; (3) and lastly, we have the individual who prides herself upon her lack of fear of illness or infection, who will walk around for days with an illness before reporting it, and who, because of her very recklessness and mistaken ideas of self control and endurance, will endanger the entire school, the type of individual who has a tendency to take chances regarding the handling of precaution cases and who never for one moment recognizes this so-called courage as a supreme selfishness and egotism that endanger the entire group with whom she lives. It would truly seem that the one and only way of even making a beginning in the solution of the foregoing problems is through awakening in each student a realization of the fact that she is not "playing hockey," as the English express it; that she is failing to see facts as they are, and that she is signally failing to meet her moral

and ethical responsibilities. Group 1 must be shown that they are allowing their emotions to run away with them; group 2, that courage and self-control, in apposition to cowardice and fear, are indeed admirable and desirable virtues,—that cowardice and fear and lack of self control belong to the adolescent period rather than to the mental attributes of manhood and womanhood; group 3, that a regard for *group safety* is absolutely essential if disastrous effects are to be avoided. The students by a free discussion of such problems, may be taught to have a positive repugnance for such poor mental habits; they will soon learn to disdain the aspirin habit for headaches and the necessity for aid for the discomfort of the menstrual period, for if they can be made to see that such "soothing syrup for the baby" processes are but an outward sign of poor emotional control, they will soon avoid putting themselves in the position to be laughed at by the group. Colds and sore throats, likewise, will fall into the discard, if the group as a whole may be made to really believe that, as a rule, every cold and sore throat is a result of a broken law of hygiene—a sluggish liver, over-eating, under-sleeping—and what is more, if the idea of group safety is brought home to them, an early reporting of such infections will naturally ensue.

If the student body come to the point where they, of their own volition, take a pride in maintaining the health record of the school, if they feel in a body that tears and an outward display of temper are things which no poised and normal woman should be proud of, in fact are things which every well controlled individual will earnestly endeavor to inhibit—if they alike delight in maintaining the height of right thinking that the group is capable of, I believe that much may be accomplished, not only for each student, but for the entire school and the hospital. Success or failure of student government, a minimum or a maximum of response to theoretical instruction, proper mental adaptation to the patient,—all of these and more are dependent upon our ability to instill into our young students a knowledge not only of themselves, but likewise their responsibilities to the hospital and the school and to society at large.

Before closing I would like to say a few words concerning the Social Director. I do not believe I am wrong in saying that at the present time the average school employing a Social Director has been using her in only one small way,—that is, the Social Director has been functioning merely as a "recreational director." It would seem that this Social Director should function in a much broader field than merely recreational, for (1) there is always a great danger that recreation, super-imposed from above, may cease to be true recreation; and, (2) the Social Director, because of her position in the

nurses' home with the manifold social contacts she has with the students has a closer insight into the mental makeup of the students than it would ever be possible for any member of the training school office to secure, and is "strategically situated" in regard to guiding and directing the students in the proper formation of mental habits and in bringing about a more perfect mental adjustment to life. In closing I would therefore say that in small schools the Superintendent of Nurses would be perhaps the best person to instruct the probationers in psychology and in getting them started in the formation of proper mental habits and in bringing them an awareness of their own mental processes; in the larger schools, where a Social Director may be maintained, I believe the Social Director should assume the responsibility, provided, of course, she has the proper academic background—and it is to be hoped that every Social Director will have a sound academic background. The point I am trying to make in regard to the instruction of this course of applied psychology is this: the instructor must not only know psychology, and be able to teach it, but she must know her students well enough to know the proper approach to them. The question of "sectional differences" materially increases or lessens the problem of the health morale of the school for the psychological make-up of the student in the far west is entirely different from that of the student in the middle west, or the east or the south,—not only are the problems different, but the approach to them is different. There is no question that in certain sections of the country the proper mental attitude toward illness or pain is much more of a problem than it is in other sections; if, therefore, some of you feel that I have gone rather far afield in my discussion of Health Morale of Student Nurses I beg your indulgence, for I feel that there must be many principals who have been face to face with some of the situations I have outlined; these will agree with me, I am sure, that heredity and environment have a direct bearing on the health morale of any school of nursing.

HOTEL RATES FOR THE SEATTLE CONVENTION

A LIST of hotels in Seattle offering accommodations for our convention will be published in the April JOURNAL. The prices at the capacity rate, two in a room, vary from \$2.50 and \$4 for rooms without a bath; and from \$3 to \$7 for rooms with a bath. There are more than a thousand rooms available. A deposit of \$5 will be required for rooms to be held definitely. The hotels prefer having the rooms filled, so it is desirable that nurses make arrangements to take rooms, two together, rather than singly. The Placement Bureau will care for all who for any reason cannot make their own reservations.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

A TRIBUTE TO DR. PISEK

DEAR EDITOR: Would it be possible, for the sake of the large number of your subscribers who had the infinite good fortune to be trained under the wonderful teaching of the late Dr. Pisek, to reprint the enclosed tribute to him from a poem which appeared in the *New York State Journal of Medicine* for December? Dr. Pisek was a kind, patient, fatherly teacher in the truest sense of that word. He approached his work on the Post Graduate Babies' Wards in a thoroughly pedagogical manner; it was his serene pleasure to develop powers of observation, diligence, and what else a nurse needs and when once his mildly beaming eyes turned on me in surprise because he found a baby's tongue dry, I never after forgot to give folks drinks. I still have his notes and have used them many times in my own teaching. My husband cherishes the same tender memories of Dr. Pisek, who was also his lecturer on Pediatrics.

New Rochelle, N. Y.

AMY ARMOUR SMITH.

IN MEMORIAM

GODFREY ROGER PISEK, M.D., Sc.D.

By S. Adolphus Knopf, M.D.

"To those who saw him at the bedside,
Gentle, kind, and almost saintlike thus,
Dispensing succor and relief, recalling
Vigor and the glow of health
When death seemed near.
He was so young and yet
Into one single score of years
He crowded all the work of a long life,
So that it seems he had been with us here
For many a year e're yet his face we knew.
Because of his achievements great
His character and high ideals,
Few had more friends
Than he could count his own;
Few had attained the same renown,
When still so young in years."

THE NURSE AS A FARMER

DEAR EDITOR: I thought you might be interested in the after life of a one time nurse. Being "by birth and education" a farmer and fond of the soil, I returned to it after 22 years of service in the nursing field. In 1909, I bought a lot 150 x 150 feet in my native village in New Jersey and proceeded to have erected on it a six-room stucco cottage into which my sister and I moved April 1, 1910. I had always in mind the thought of a place *I could take care of myself*, that was central, quiet, and inexpensive in its upkeep. I planned to keep what fowls I could care for and get as much in fruit and vegetables as we would need from our garden. After nearly 12 years, I decide my reasoning has been

quite workable. In the beginning it took both caution and perseverance to get one's muscles used to doing the hard labor, but now I can truly say that I am in better health and strength than at any other period of my life. I have never employed more than two or three days' work in any one year about the chickens or lot and some years, a few hours only. I started keeping White Leghorn fowls, as I had not thought of raising them for food, only for eggs, but three years ago I commenced to change to Rhode Island Reds and find them better for me. I had started with 75 as my goal, but that has been dropped to 50 or 60, that is, I try to raise 20 pullets a year and keep them through the third year. I am fortunate in having a good and convenient market for my eggs, knowing how to market is most essential, and the past two years I am well pleased with financial results. The year just closed brought me for eggs \$215.50 and for fowl and broilers, \$42.00; the feed cost \$124.00, leaving a profit of \$133.50. This is counting what is used in the home at a less charge. In the garden we start early with rhubarb, then asparagus, and so all through until frost, always something available. For fruit we have strawberries, raspberries, currants, gooseberries, blackberries, three kinds of pears, two kinds of plums, sour cherries, two kinds of summer apples, three varieties of winter apples and an English walnut I planted in 1913, bore its first nut last year, just one, but that is a ray of promise. We have the piped town water, and we could have electricity, but use oil lamps for economy, and an oil stove for cooking through all the warm weather. We have a bath room and steam heat. We are twenty miles from the city and on a railroad. I am no expert either with chickens or the garden, but I work hard and am faithful to both and find them wonderfully interesting. We have a good variety of shrubbery and flowers, which I enjoy immensely, and I am thankful to be in the open and in good health. There are numerous calls to help in community work, both in the church and out, which give one the feeling that she is truly a part of the community, though I find I have had to drop about all of my previous nursing interests except alumnae membership. It is well not to lose sight of the past. No matter how much work or economy is exercised there is always expense. We are told the two sure things are death and taxes, and the latter have risen from \$38 a year to \$65 a year since I moved here and I am now facing the cost of painting the house, stucco mostly, but the remainder was estimated the other day and the prices given were \$115 for two coats. All of these things have to be considered before a nurse retires to farm life, though usually a small place near a large city can be disposed of fairly and readily if the load should prove too heavy to carry.

New Jersey

M. M. A.

CHRISTMAS AT FORT BAYARD

DEAR EDITOR: We had a jolly good Christmas. I think all our citizens vied with each other in making it a joyful occasion for us. The nurses of Albuquerque sent us carnations; also the business men of Grant County. The Sojourners' Club at this place and the Legion and K. of C. distributed candies. The Red Cross had a tree in each ward, and had gifts from different places, so you see we were bountifully showered. Singers visited us and sang Christmas carols, and we had other music and altogether it was a delightful occasion. There were parties for the ambulant patients. I am looking forward to Dr. Mayo's article in the JOURNAL. I like discussions and debates. They keep us from stagnating.

New Mexico

E. J. S.

FROM KOREA

DEAR EDITOR: Today at the close of service, the elder urged all to make a special effort to bring just as much as they could of whatever they had for the offering on Korean Thanksgiving Day. As you probably know, this date is the anniversary of the entrance of Christianity into Korea. As we were leaving the church, a very old lady who has recently been left a widow, came to me, saying that she heard we would begin making "Kimche," or pickles, at the hospital tomorrow, and would I be sure to let her be one of those employed, for she wanted to make some money for the Thanksgiving offering. She is of such a nice family that I did not dream she would do such day labor work, but it evidences her zeal for the church. It is a busy time when 25 or 30 women come and are rushing to and fro preparing this very essential part of our Korean diet. In one group they are preparing the red peppers which are spread on a large round mat. After picking them over thoroughly, they pound them with a club. A big section of a tree is hollowed in one end like a bowl where the peppers are placed, after which three women take a club apiece and pound with a musical rhythm until the peppers are well powdered. Pounding with these clubs is fine lung exercise and after a woman does that for several hours, she does not need tennis. Some of them have babies tied to their backs besides. The pepper is so strong that they have to stop their nostrils while they work. Another group will be washing the turnips, one to two wagon loads, which are brought in big rice straw bags larger than our crocus sacks. Korean turnips, while white, are sometimes a foot and a half long, though about three inches across. The tops are cut off and are used for fresh vegetables diet while they are green, the root being prepared for "Kimche." One set of women take the washed ones and play a tune chopping them with long 12-inch knives on funny little wooden tables made of a short plank nailed to a round stick on each end, for legs. But the strange part of it is that the stick is laid lengthwise under the ends of the plank, making a table about four inches high. They stoop down in front of this and chop so fast that it is a wonder their fingers are not chopped with the turnips. Then the cabbage, which also is different from ours, is washed and washed—(through lime water at the hospital to sterilize it). Big wooden half barrels are filled with turnips, cabbage, pepper, quantities of salt and numerous other mixtures and after being thoroughly worked up by the hands of these women, it is finally put into earthen jars about four feet high and two and a half wide. These jars are first sunk into the ground with just a few inches above to keep rain from running into them. If left out of the ground they would freeze and be broken. A lid is placed over each jar with a rice straw cap to fit over this and help drain off snow and rain. This will be "ripe" in a month or more and is considered quite a delicacy. If an early snow overtakes them, the women have a hard time with their hands nearly frozen in the ice water and other cold things. Yet they seem glad to come for this kind of work for about 20 cents a day. Some of them are young widows with a family of little children. Some have husbands who are only a burden. Others are just trying to do their part to support a family and educate the children, for they all, now, seem to want an education. Even mothers of families are going to a night school and are struggling with the A. B. C. in Korean. This is just a glimpse into the lives of some of the women in our village at this season.

Korea

LILLIE ORA LATHROP.

IS THE MODERN NURSE COMMERCIAL?

I.

DEAR EDITOR: In the January JOURNAL the writer, E. G. M., of the letter, "Is the Modern Nurse Commercial?" should have the highest commendation of her attitude and her expressing of the nurse's position, of service to the doctor and patient and her plea for the nurse's opportunities for her church associations. I wish it might be sent to the *Pictorial Review*; it would reach many readers who have friends in the nursing profession.

Brookline, Mass.

A. J. H.

II.

DEAR EDITOR: Down through the ages, it seems to have been the good fortune of the women who have cared for the sick, to have had as advisers and councillors the more or less critical disciples of Aesculapius. In the second century when the medicine man had evolved into the priest and Church and Medicine were more or less synonymous terms, the Apostolic Constitutions clearly define the status of the woman who acted as the nurse of that day: "It is desirable that her attitude be that of submissiveness, modest stillness, gentleness and sweet obedience. She is forbidden public teaching; and the attempt to develop into higher positions—which showeth a worldly spirit—is to be rigorously put down." Again in the tenth century, from the lips of an august dignitary comes this injunction: "My sister thou shouldst act with great respect and obedience toward the physician, taking care never to suspect or contradict his orders, not only because he is more learned and enlightened than thou, but because thou art commanded in the Holy Scriptures so to do. Never presume to act according to thine own way of thinking, but strive for observation and memory rather than much learning." Later in the fifteenth century arises the ominous voice of the director, incited thereto probably by some irate physician who had two Sisters instead of three, to make rounds with him—did they make "grand rounds" in those days?—"It is a new and dangerous thing to introduce studies which are being continually augmented. The Nursing is neglected and the Sisters complain they have no time to pray. They are being spoiled by a medley of knowledge put into their heads, which is making them worthless and insubordinate, and the persons who do incite them must be sent away." Our own twentieth century has added many contributions to the sayings of the wise men. It remained for Dr. Mayo to add what might seem to be the last word,—"Why should the more advanced standard of education be wasted on nurses, because, forsooth, they marry—even unto 54 per cent. That too on a programme on Hospital Standardization!"—(Dr. Mayo's speech at Philadelphia). True, some of us do marry—and while 54 per cent may seem high, perhaps Minnesota produces a more attractive or more susceptible group than the rest of the world,—but when has a restricted education been one of the essentials of matrimony? One does not hear constant agitation among educationalists, against the better education of, say, teachers or librarians, yet they too have been known to marry. Is education less desirable for the woman who may hold in her hands the lives of her fellow creatures, and is the nurse, married, of any less value to the community into which she goes, because she may have a fairly comprehensive knowledge of the sciences governing health? Then again some of us do not marry. The prognosis during one's probation days being somewhat difficult, must we be deprived of the opportunity to advance in our chosen profession because we might be one of the 54? Dr. Mayo quotes the women who assisted the Surgeon General during the war as

examples of the two-year school. What he did not say, is that those are the very women who, recognizing the inadequacy of the two-year school, have stood out for the three-year course, and a higher educational standard for our student nurses. It is not so long ago, I believe, since a one-year school was proposed in connection with one of the newly opened hospitals in Rochester. Can the fact that the Minnesota Graduate Nurses' Association frustrated that scheme, have anything to do with Dr. Mayo's antagonism to the Nursing Associations which he classes with the "plumbers' and bricklayers' unions"? I remember some years ago hearing a graduate of one of the well known New York schools, who was caring for a serious meningitis case, and who was worried about her patient's condition, criticizing the way in which the night nurse,—one of these "splendid (partly trained) women"—was carrying out her orders. She said, "Where I come from, a first class doctor employs a first class nurse, a second class doctor wants a second class nurse, and the third rate doctor sends a nurse like that." Now no one of us would presume to put Dr. Mayo in any but the first class, but will some one of our learned psychologists please explain the "complex" which is responsible for this constant agitation for the production of "the nurse like that"?

Massachusetts

B. M. I.

JOURNALS ON HAND

I.

DEAR EDITOR: I have in my possession a complete set of JOURNALS from October, 1899, to October, 1921. The first seven volumes are the property of a friend who has for fifteen years been unable to do active nursing. If possible I should like to collect something for them. The others may be had by paying postage or express charges.

High Falls, N. Y.

CLARA M. DAVIS.

II.

DEAR EDITOR: The following numbers of the JOURNAL may be obtained by paying postage: a complete set of 1921; and February, April, May, August, through December, 1920.

225 North Spring St., Cape Girardeau, Miss.

HELEN TEXTOR.

III.

DEAR EDITOR: A retired nurse, as might be expected, is forced to curtail expenses, for which reason I dropped the JOURNAL in 1919. A friend subscribed and gave it to me in 1920, and now again I feel that is one of the things I must deny myself, (my reason for not renewing). Otherwise I have had it, except Number 1, Volume I, since first published. The following is a list of the JOURNALS I have in my possession, which I will give to anyone who will pay for the carriage: 1910 except January, March, April, June; 1911; 1912; 1913, except June, October, November; 1914, except November; 1915, except January; 1916, except March; 1917; 1918, except November and December; 1920, except January, August, September, October, November; 1921.

Bernardsville, N. J.

M. M. ANDERSON.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

Arrangements: The Committee on Arrangements, May S. Loomis chairman, has secured the Plymouth Congregational Church for the sessions of the convention, while the Y. W. C. A. Building near the church, will be used as headquarters. Both places have facilities for committee meetings and round tables. The Armory will be used for evening sessions. A reception is being planned for Tuesday evening in which the nurses of the State will be assisted by some of the most delightful of their friends.

Programme: The full programme cannot yet be given, but it is planned to have only three evening meetings,—Monday, Wednesday and Friday. Afternoon sessions will be joint ones, in the first part of the afternoon, with subjects of interest to all, discussed from all angles. The latter part of the afternoon will be devoted to round tables.

Transportation: Are you going to the Seattle Convention? The National Committee on Transportation is working energetically to secure the lowest rates over attractive routes to Seattle. Already we have discovered "forty ways" to the North Coast, and twice forty railroads and tourist companies ready to route us. The summer excursion rate, which is approximately one and one-third fare for the round trip, so far presents the lowest rate with the greatest privileges. Fare from New York to Seattle and return, \$165.61; lower berth, one way, \$32.63; fare from Chicago to Seattle and return, \$106.85; lower berth, one way, \$23.63. Eastern nurses are interested in the Canadian Rocky route, either via Montreal, or Chicago and St. Paul, with a stop of twenty-four hours or more at Banff and Lake Louise; including the steamer trip from Vancouver to Seattle, returning via (a) Glacier National Park, (b) Yellowstone Park, (c) California. The minimum costs so far submitted for all expense trips, not including the week in Seattle, over these routes are as follows: (a) \$318.50, (b) \$343.50, (c) \$440.00, from New York. The middle west nurses are figuring on relative rates and routes from Chicago, and the nurses of the south are planning to go out via the Grand Canyon and return via Glacier National Park, or vice versa, starting from Atlanta. If those planning to go to Seattle will notify *at once*, the member of the National Committee nearest them, or the Chairman, (names and addresses of whom were published in the January JOURNAL, the Committee will then be able to negotiate with the railroads on a more definite basis. R. Inde Albaugh, Chairman, 370 Seventh Avenue, New York City.

The New York State Nurses' Association is conducting an all expense tour to the Convention in June, leaving New York on June 19 and returning on July 18, including the Canadian Rockies, Banff and Lake Louise, Seattle, (five days for the convention), San Francisco, Yosemite, Los Angeles, Yellowstone Park, Salt Lake City, Colorado Springs, Pike's Peak, etc., for all New York nurses and others who may wish to join them. All arrangements are made and all expenses included in rates quoted except laundry and tips. For further information and particulars, write to Mrs. Julia Kline, 546 Rugby Road, Brooklyn, N. Y. Mrs. Kline is a member of the A. N. A. Transportation Committee and Chairman of the Transportation Committee for the New York State Nurses' Association.

NURSES' RELIEF FUND, REPORT FOR JANUARY, 1922

Receipts

Previously acknowledged	\$8,104.72
Interest on R. R. bonds.....	106.25

Nursing News and Announcements

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Interest on 2 shares of stock	60.00
Alabama: State Association	16.60
Arkansas: District 6-A	12.00
California: One individual, Pasadena	1.00
Connecticut: Middlesex Hospital Alumnae, Middletown, \$25; one individual, Hartford, \$1	26.00
Delaware: State Association, \$5; Delaware Hospital Alumnae, \$10; two individuals, \$24	39.00
District of Columbia: One individual, Takoma Park	1.00
Florida: One individual, Miami	1.00
Georgia: ¹ State Association	90.00
Indiana: State Association	50.00
Iowa: Nine individual members	10.00
Kansas: State Association	27.50
Louisiana: State Association	25.00
Maryland: Maryland University Hospital A. A., Baltimore, \$100; one individual, \$1	101.00
Massachusetts: Worcester City Hospital Alumnae Assn.	25.00
Michigan: District 9	8.00
Minnesota: Asbury Hospital Alumnae, Minneapolis	17.00
Missouri: State Association, \$6; one individual, Kansas City, \$1	7.00
New Jersey: District 1	24.00
New Mexico: One individual	1.00
New York: New York Hospital Alumnae, \$50; Brooklyn Hospital Alumnae, \$34; Kings County Hospital Alumnae, \$25; Brooklyn Homeopathic Alumnae, \$75.96; two individuals, \$2	186.96
North Carolina: District 2, Winston-Salem	20.25
Ohio: State Association, \$235; District 3, \$5; Deaconess Hospital Alum. Association, Cincinnati, \$10	250.00
Oklahoma: ² State Association	17.00
South Carolina: State Association	5.00
South Dakota: District 3	50.00
Texas: St. Paul's Sanitarium Alumnae, \$37.80; District 2, Amarilla, \$22; District 4, Dallas, \$102; one individual, \$5	166.80
Washington: One individual, Yakima	1.00
Wisconsin: One individual, Beloit	1.00
Wyoming: State Association	50.00

Disbursements

Paid to 29 applicants	\$445.00
Exchange on checks80
	445.80
	\$ 9,055.28
Invested funds, par value	49,050.00
Total, February 10, 1922	\$58,105.28

¹ In honor of the birthday of Jane Van De Vrede.² In the December report, published in the February JOURNAL, the sum of \$36 credited to the Oklahoma State Association should be credited to District No. 3, Oklahoma.

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the checks made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

ORGANIZATION OF THE WORK AT NATIONAL HEADQUARTERS

At the 1920 convention of the three National Nursing Associations in Atlanta, the delegates of the American Nurses' Association and of the National League of Nursing Education voted to establish headquarters for their respective organizations in New York City in rooms adjacent to each other and to those of the National Organization for Public Health Nursing, for the purpose of administering the activities of their individual organizations and to facilitate the joint conduct of those enterprises in which all three were concerned. Following this action, the American Nurses' Association and the National League of Nursing Education opened headquarters at 156 Fifth Avenue, where the National Organization for Public Health Nursing was already located; and in the latter part of April, 1921, all three organizations moved to the Pennsylvania Terminal Building, 370 Seventh Avenue, where it was possible to join with many other National Health Organizations under one roof. It was felt that the American Nurses' Association and the National League of Nursing Education should have time to become well established in their individual Headquarters, and that there should be an experimental period of working together, so no definite plan for the joint conduct of the common activities of the three organizations was at first formulated. In November, 1921, the joint boards believed that the time had come when such a plan could and should be developed. Accordingly a Committee representing the three organizations was appointed to draw up a plan for the joint conduct of the common activities of all three. The Committee's plan was presented to the three Boards at their joint meeting in New York, January, 1922, and was accepted with a few amendments. The main features of this plan are these:

1. A committee is to be created to be known as the Common Activities Committee. This Committee is to be made up of three representatives from each of the three National Nursing Associations, appointed by their respective Boards. The Executive Secretaries of the three Associations will be members ex-officio of this Committee. When the American Red Cross or any other National Organization is asked to coöperate in a joint undertaking with this Committee, that organization will be invited to appoint a committee of not more than three with voting power, to coöperate with the Common Activities Committee in the conduct of that joint enterprise.

2. The Common Activities Committee will have no power to initiate or to make new policies; but is authorized to direct the administration of such joint enterprises and to advise in the conduct of such coöperative activities as have been agreed upon by the Boards of the three associations. It may also recommend to the three Boards the development of other joint or coöperative enterprises.

Note.—By a joint activity is meant a single enterprise financed jointly and administered by this Committee, such as the Student Nurse Recruiting. By a coöperative activity is meant one financed and administered independently, but coöordinated by this Committee which acts in an advisory capacity,—such as Placement Work. The Common Activities Committee is to prepare a budget for joint enterprises for presentation to the Boards of the three associations for approval and appropriation. All bills are to be presented and paid by the Disbursing

Officer of the Committee after approval by the Chairman of the Committee, and all checks are to be signed by the Treasurer of the Committee. Any activity to be administered by this Committee is to be assigned to that individual selected by the joint Boards at the time that activity is authorized; and the Common Activities Committee is to be responsible for directing the work of the person to whom the carrying out of a joint activity has been assigned.

3. When voting upon any question, it will be decided by a majority vote of the representatives from each organization forming the Common Activities Committee, and not by a majority vote of the Committee as a whole. Therefore, a quorum of the Committee is to consist of not less than six members, two representatives from each of the three associations.

4. The letterhead of the Common Activities Committee is to be used only for correspondence relating to joint activities.

THE INTERNATIONAL COUNCIL OF NURSES will hold a meeting in Holland in May, for the transaction of necessary business. Helen Scott Hay has been chosen to represent the American Nurses' Association at this meeting or to choose some one to take her place, if she is unable to attend.

ARMY NURSE CORPS

During the month of January, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieutenants Winifred N. Rose and Bertha L. Stoll; to Station Hospital, Camp Benning, Ga., 2nd Lieutenants Theresa M. V. Broughton, Mabel Berry, Bessie M. Jackson; to Fitzsimons General Hospital, Denver, Colo., 1st Lieut. Ida E. German, Chief Nurse; to the Hawaiian Department, 2nd Lieutenants Winifred Peterson and Lucy R. Taylor; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Margaret E. Thompson, Chief Nurse, and 2nd Lieutenants Charity Laubender, Caroline M. Myers, Prudence V. Guy, Alice I. Akeley, Elsie Robbins, Clara Lawson, Nellie R. McCabe; to Station Hospital, Camp Meade, Md., 1st Lieut. Victoria Anderson, Chief Nurse; to the Philippine Department, 2nd Lieut. Ella Norris; to Station Hospital, Fort Riley, Kas., 2nd Lieutenants Berenice W. Chambers and Sara M. Schoenberger; to Station Hospital, Fort Sam Houston, Texas, 1st Lieut. Mary F. McLaughlin, Chief Nurse, and 2nd Lieut. Katherine Dwyer; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenants Kathryn McCarthy, Catherine A. Murphy, and Ada M. Olsen; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Sarah I. Blakley and Clare M. Wheeler; to Station Hospital, West Point, N. Y., 2nd Lieut. Alila F. Bachan.

The following named 2nd Lieutenants have been admitted to the Army Nurse Corps and assigned to duty as follows: To Beaumont General Hospital, Fort Bliss, Texas, Minerva Musselman, Myrtle L. Maxey, Nevada E. Hopner, Elsie Mutch, Mable Jack, Audrey Brown; to Fitzsimons General Hospital, Denver, Colo., Estelle N. DeMonthier, Rose E. Yates, Helen L. Cole, Mary Durkin, Lenora E. Achatz, Marguerite E. Saylor, Helen E. Berg, Rose J. Thiel, Gladys E. Hocker, Marjorie F. Lockard, Mary K. Sinner, Clementine Holcomb, Marie K. Strobel, Amy M. LaMont, Victoria Fetz; to Station Hospital, Jefferson Barracks, Mo., Mary B. Burris, Mary E. Richards; to Letterman General Hospital, San Francisco, Calif., Anna Motl, Ada Moore, Catherine R. Anderson, Dorothy Cleveland, Eleanor Conney, Florence E. Gervais, Cornelia Galbraith, Rose A. Hartrick, Ruby H. Loring, Anna Fuerstenberg, Emily L. McLean, Mildred Jones, Augustine C. Fisher, Dorette Otto, Eva L. Davis, Gertrude Hakel, Mary R. Moran, Elinor D.

Parker; to Station Hospital, Fort Sam Houston, Texas, Laura M. Beaubien, Lida Kilpatrick, Helen M. McHarry, Helen Nuhn, May O'Callaghan; to Walter Reed General Hospital, Takoma Park, D. C., Harriet Clogston, Helen B. Tucker, Wilda Getty, Jessica Rockwood, Freda Lund, Mabel A. Gray, Irma D. Paul, Bessie N. Baldwin, Charlotte A. Dunlap, Margaret R. Farley, Edith M. Hartzel, M. Angela O'Neill, C. Elizabeth Little, Victoria Mateszewski; to Station Hospital, West Point, N. Y., Minnie A. Lester.

Orders have been issued for the separation from the service of the following named members of the Corps: 1st Lieut. Emmeline Cleeland, Chief Nurse, 2nd Lieutenants Adna J. Allen, Winnifred S. Argall, Ada P. Baird, Marguerite Boardman, Doris R. Dickinson, Ethelyn S. Everman, Elenora Guertin, Florrie Kyle, Mary A. Liberty, Sylvia A. Montgomery, Lucy Morris, Gertrude F. Murphy, Jessie M. Sarver, Tena Perry, Marie C. J. Stuart, Nellmae Wilson.

Nurses throughout the country will be interested to know that progress of a reassuring character has been made during the past month on the agreement among service representatives to a form of new legislation that shall provide for a service pay and allowance after June 30, next. The plan has been agreed to by the representatives of the Army and Navy and the other services concerned, has been approved by the Secretaries of War and Navy, and has been referred back to the special investigating subdivision of the Military Committee of the Senate. If the provision as prepared is accepted, the pay of the Nurse Corps will be placed upon a very satisfactory basis. The hearings on the subject which included statements of members of the Nurse Corps were extraordinarily complete, enlightening, and convincing. The subsequent discussions on the part of members of the joint committee have been thorough and comprehensive, as well as sympathetic. The results of these discussions and the conferences on the part of service representatives were of such a nature as to justify the hope of a successful and satisfactory issue, for the general reason that the contemplated legislative relief is merely fair and without favor in its provision of a rate of compensation intended to meet the legitimate needs of the members of the service personnel. The amount of pay involved has been established on the recognized fact that certain conditions had to be met, if Congress was to give its approval to the measure. The first and most important requirement was that the total expenditure contemplated should show a saving over the 1920 pay schedule and within this limitation it was considered plausible to ask for an increase on the schedule of 1918. The needs of the Army Nurse Corps have been given most earnest, untiring, and sympathetic consideration on the part of the officers representing the Army. It is hoped that within a month a definite statement regarding the future pay of the A. N. C. can not only be published, but published with the assurance that it will meet with the approval of the entire nursing profession.

JULIA C. STIMSON,

Major, Supt., Army Nurse Corps, Dean, Army School of Nursing.

U. S. PUBLIC HEALTH NURSE CORPS

Report for the month ending January 31

Transfers: Mary Sullivan, Chief Nurse, Tucson, to Fort Stanton as Acting Chief Nurse; Ida M. Hall, Chief Nurse, Algiers, La., to Tucson at Chief Nurse; Rosamond Jordan, Assistant Chief Nurse, Oteen, N. C., to Vineyard Haven, Mass., as Acting Chief Nurse; Margaret Reamy, Chief Nurse, Evansville, Ind., to Kansas City as Chief Nurse; Emma G. Morrison, Head Nurse, Biltmore, N. C., to Evansville, Ind., as Acting Chief Nurse; May Fannin, Chief Nurse, Colfax, Iowa,

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to Savannah, Ga., as Chief Nurse; Barbara Hunter, Reinstated as Chief Nurse at Colfax, Iowa; Nan Sullivan, Chief Nurse, Chicago, No. 73, to Maywood, Ill., as Assistant Chief Nurse; Bertha Jones, Assistant Chief Nurse at Maywood; Flora Schumacher, Assistant Chief Nurse, St. Louis, No. 35, to Chicago, No. 73, as Acting Chief Nurse; Alma Wrigley, Acting Chief Nurse, Arrowhead Springs, to Tucson as Assistant Chief Nurse; Clara Quinlan, Assistant Chief Nurse, Tucson, Ariz., to Arrowhead Springs as Acting Chief Nurse; Lulu Green, Head Nurse, Fox Hills, promoted to Assistant Chief Nurse; Louise Wenke, Assistant Chief Nurse, Fox Hills, N. Y., to Oteen, N. C., as Assistant Chief Nurse.

Mrs. Mary A. Hickey, Assistant Superintendent of Nurses, is in charge temporarily of the Nursing Service at Las Animas, Fort Lyon, Colorado. Dawson Springs, Kentucky, will be opened February 16, with Meta C. Brooke, Assistant Superintendent of Nurses, in charge temporarily.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

NAVY NURSE CORPS

The following nurses have been *appointed* and assigned at the Naval Hospital at the Station indicated: To Chelsea, Josephine A. Phelps and Gertrude E. Mathews; to Great Lakes, Ill., Marie J. Kane (reappointed); to League Island, Pa., Edith Hebdon; to New York, N. Y., Harriet E. Kingston, Pauline J. Paulsen, Georgianna Rennie and Annie B. Johnson; to Portsmouth, Va., Jane M. Gallagher and Mrs. Rachel L. Harma; to Puget Sound, Wash., Maude Kellam; to Washington, D. C., Mary L. Huber and Williamina M. Laurenson (reappointed).

The following nurses have been *transferred*: To Chelsea, Mass., Elizabeth S. Hopkins (Chief Nurse), from Newport, R. I.; to Great Lakes, Ill., Carrie H. Lappin (Chief Nurse), from League Island, Pa.; to Guam, Minnie E. Pipher and Bess C. Sanderson, from Mare Island, Calif.; to League Island, Pa., Lillie M. Anderson, from Pensacola, Fla., and Bessie C. Graham, from Fort Lyon, Colo.; To Mare Island, Calif., Eleanor B. Martin and Mabelle S. Torgeson, from Fort Lyon, Colo., Marilla Berry, from Pearl Harbor, T. H., Ruth E. Cleaver and Janie Bennett, from Canacao, P. I., Mary Murphy, from Pearl Harbor, T. H.; to Pearl Harbor, T. H., Agnes Distler, from Guam, Margaret M. Welsh, from Canacao, P. I.; to Canacao, P. I., Bertha A. Adams, Mary Ellen Northrop and Mrs. Julia T. Johnson, from Guam; to Portsmouth, Va., Olive I. Riley and Caroline M. Thompson, from U. S. S. *Relief*, Grace Brennen and Lottie G. Williamson, from Washington, D. C., Pauline J. Spann, from Charleston, S. C.; to San Diego, Calif., Laura M. Gibson and Annie Leighton, from Fort Lyon, Colo.; to St. Thomas, V. I., Julia T. Coonan (Chief Nurse), from New York, N. Y.; to Washington, D. C., Daisy M. Mapes, from League Island, Pa., Mariam F. Ballard (Chief Nurse), from St. Thomas, V. I.; to U. S. S. *Relief*, Myrtle I. Carver and Alma Stiansen, from Portsmouth, Va., Adah L. Farnsworth, from Washington, D. C.; to U. S. S. *Argonne* (temporary duty), Minnie C. Pipher and Bess C. Sanderson, from Mare Island, Calif.; to U. S. S. *Henderson* (temporary duty), C. Helen Scott and Virginia Lee Gray, from Portsmouth, Va.

Honorable Discharges: Adelaide R. Cobb, Emily J. Craney, Evelyn M. Davis, Beulah M. Priest, Florence M. Skinner.

Resignations: Agnes M. Grant, Anna V. Ballard, Mary E. Blanchfield, Alma E. Finke, Lucy M. G. Hernan, Josephine T. Ryan, Florence A. Whiteside.

Inactive Status: Josephine Corbett.

The following nurses, U. S. N. R. F., in Inactive Status, have been *Honorably*

Discharged from the Service: Ruby M. Bohart, Bernadine J. Borgmann, Helen K. Collins, Lillian A. Cortelyou, Clara G. Goodine, Ann Gray, Adelaide F. Hall, Marie Hendricksen, Ethel V. Higley, Myrtle W. Johnson, Esther Justesen, Minnie E. Kreutzinger, Frances L. Morrow, Maude E. Mundy, Juliana J. Murphy, Anna E. O'Brien, Marie Ryan, Avis B. Shelley, Mary E. Sheridan, Henrietta Sladek, Carolyn Theurer.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for the position of Consulting Public Health Nurse, applications to close March 7. Applications may be made to the Civil Service Commission, Washington, D. C.

THE FLORENCE BANKS MEMORIAL ROOM has been established by Mr. and Mrs. W. E. Beattie of Saranac Lake, in their own cottage, for the use of nurses, medical students or physicians who are suffering from tuberculosis and who are without funds. The room may be used for three months by such a guest without expense. Application is to be made through the Society for the Control of Tuberculosis, Saranac Lake, N. Y. Miss Banks was one of the nurses helped by the Nurses' Relief Fund. She had hoped to recover her health and pass on to some one else all that had been done for her. Miss Banks died after a short but brave fight and her friends are trying to carry out her wish by this generous hospitality.

THE ANNUAL CONGRESS ON MEDICAL EDUCATION, LICENSURE, HOSPITALS AND PUBLIC HEALTH will be held at the Congress Hotel, Chicago, March 6-10. The American Conference on Hospital Service, one of the constituent members of the Congress, has been made responsible for the programme on March 10,—Hospitals and Dispensaries. An official meeting of the American Conference on Hospital Service will be held at 8 p. m., March 9. As our three national organizations of nurses are members of the Conference, all members of these organizations are invited to the meeting.

THE ASSOCIATION FOR THE PREVENTION AND RELIEF OF HEART DISEASE held its annual meeting at the New York Academy of Medicine, January 12. An address was given by Dr. Frederick Brush on Present Resources and Future Needs for the Convalescent Heart Patient. Dr. T. Stuart Hart is President.

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION held its ninth annual meeting in the Baptist Church, Montgomery, January 24 and 25, with about fifty delegates and visitors from different parts of the state in attendance. The address of welcome was given by Mayor Gunter and the response by Miss Cullen. The roll call showed an increase of fifty members over 1921. Reports of officers and committees were given. After discussion for and against, it was decided to include the subscription to the JOURNAL with the dues for another year. During the counting of votes, the President's address was thoroughly enjoyed. The afternoon session was opened with an invocation by Rev. Richard Wilkinson, followed by greetings from the Montgomery Association given by Miss Marriner. Dr. F. G. Dubose, of Selma, read a very forceful paper on the Successful Operation of a School of Nursing in a General Hospital under Private Management. He spoke of the necessity of the best training and of efficiency being one of the most important qualifications; he urged all to register and vote. Dr. Fred Wilkerson of Montgomery followed with a paper on The Essentials of Nurse Education from the Standpoint of a Medical Practitioner. Mrs. Bricken, president of the City Federation of Women's Clubs, followed with an address on Adequate

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Preparation of Young Women for Nursing Service in the Home. Dr. Bowman read a paper on Essentials for Success in the Public Health Nursing Field. A heated discussion on these papers followed, led by Dr. R. S. Hill, whose two-year bill, passed in 1919, and adhered to only in his school, to help the rural girls, will be attacked in 1923. He made a pathetic appeal, claiming the essentials of nursing are overlooked in keeping up the required educational standards. Inez Cadell, superintendent of the T. T. C. I. Hospital, Fairfield, spoke of the necessity of at least a high school certificate, in order that the training school may turn out the best nurses. Mrs. Georgia Taylor Douglass made a strong plea to uphold the educational standards; she claims the rural girl can get the education if she cares to work for it. Mrs. Brevard Jones, President of the Alabama Federation of Women's Clubs, followed along the same lines. She also gave a hearty welcome in behalf of the club, wishing the members success in their profession. Messages from the Exchange Club, the Medical Society, the Rotary Club and the hospitals in Florence and Sheffield, to hold the meeting there in 1923 was accepted. Tea was served at St. Margaret's Hospital. The evening session was called to order by Miss Ward, the invocation by Dr. C. A. Stakely, followed by music. Stella Fuller, assistant director of the Southern Division of the American Red Cross, gave a detailed account of what the Red Cross has done and expects to continue. Miss Marriner gave an account of the Public Health Service in the State. On January 25, the morning session was called to order by Miss Ward, Dr. Welch, State Health Officer, acting as chairman. Miss Fuller gave a brief talk on Red Cross activities; she also told of the Delano Nurses, a special privilege to be granted to a few. The rest of the morning session was given over to papers on educational work of the Public Health and County Nurses in coöperation with School Boards and County Demonstration Agents, Parent-Teachers' Associations, the Anti-Tuberculosis work. A report from the Red Cross Committee was given by Miss Denny. Mrs. Georgia Taylor Douglass presided over the afternoon session. She urged the members present to use their rights as voters and to attend to their own bills regarding nursing. A very interesting paper, "The White Cap Famine," by Zoe LaForge, was read by the secretary, giving answers and criticisms, along with suggestions, on the articles recently published in the *Pictorial Review*. Miss McKenzie then read Dr. Beard's reply in this month's issue. Frances Montgomery's summary showed that the Association's constitution and by-laws contain nothing regarding hours or prices. She submitted a resolution which was adopted:

WHEREAS, We, the nurses of Alabama, in common with our sisters everywhere, regret the attitude of certain of the medical profession and public as represented in the reported interview with Dr. Charles H. Mayo in the October number of the *Pictorial Review*, and feel that the dignity of our profession is threatened by the proposal to lower the educational standard of candidates for it by the introduction of so-called "Sub-nurses"; and

WHEREAS, Dr. Richard Olding Beard has most courteously come to our defense by correcting certain erroneous impressions conveyed by the reported interview with Dr. Mayo and has answered with fairness and truth the accusations made against the nursing profession, therefore, be it

RESOLVED, that we, the members of the Alabama State Nurses' Association, in convention assembled, hereby express our gratitude to Dr. Beard for his chivalrous reply in defense of our organization and its efforts to maintain standards of education and efficiency, that not only command for the profession the respect and honor that are its due, but also preserve that spirit of service and sympathy which accords it a position as the noblest among professions open to women.

BE IT FURTHER RESOLVED, that copies of this resolution be sent to Dr. Beard, to the AMERICAN JOURNAL OF NURSING, to the *Pictorial Review*, and incorporated in the records of this Association.

Delegates from Dothan, Selma, and Florence asked that some one be sent to these respective places to help them organize each into a District. Miss Marriner was chosen to fill this position. Dinner was served each day by the Women's Missionary Union in the basement of the Church. A reception was given by the Business and Professional Women's Club, in their rooms. The following officers were elected: President, Elizabeth LaForge, Birmingham; vice-presidents, Julia Dainwood of Birmingham and Annie Gilchrist of Montgomery; secretary, Catherine A. Moulitis, Birmingham; treasurer, Bertha Clement, Birmingham; councillors, Misses Dainwood, Wainwright, and Mrs. Hope. Chairmen of Committees are: Ways and Means, Bessie Farrish; Nominating, Helen MacLean; Printing, Josephine Cady; Relief Fund, Linna Denny; Programme, Eunice Ward.

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS held its fifth meeting in the office of the Secretary, State House, Phoenix, on February 1, four members of the Board being present. Applications of nurses for registration under the waiver were presented for consideration, and State Registration was granted to 119 nurses, making a total of 206. The proposed curriculum prepared by Sister Evangelista, Principal of the School of Nursing, St. Mary's Hospital, Tucson, was considered and accepted for adoption in the Schools of Nursing in Arizona. It was decided to recommend the following schools to the American Nurses' Association, to be added to the list of accredited Schools of Nursing: St. Mary's, Tucson; St. Joseph's, and Arizona Deaconess, Phoenix. **Phoenix.**—THE MARICOPA COUNTY GRADUATE NURSES' ASSOCIATION held a meeting at St. Joseph's Hospital on February 3, at which an address was given by H. Grace Franklin, president of the Arizona State Nurses' Association. Miss Franklin spoke in highest terms of the schools for nurses in the state.

Arkansas: THE BOARD OF DIRECTORS OF THE ARKANSAS STATE NURSES' ASSOCIATION met at St. Vincent's Infirmary, Little Rock, on January 31, six out of the eleven members being present. Four members of the Board have resigned because they are leaving the state. Minutes of this meeting will be sent to each organized district, also a list of the members appointed to fill the vacancies. A luncheon was served by the Infirmary.

Colorado: Denver.—THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES held the annual meeting on St. Luke's Day, October 18. The following officers were elected: President, Sadie Heckert; vice-presidents, Grace Hanley, Ethel Littlefield; secretary, Helen Adair; treasurer, Patricia Hatfield; directors, Mrs. Oca Cushman, Frances Rule, Bertha Houchins.

Connecticut: THE GRADUATE NURSES' ASSOCIATION, THE LEAGUE OF NURSING EDUCATION, and the ORGANIZATION FOR PUBLIC HEALTH NURSING held meetings in Bridgeport, at the Hotel Stratford, January 24-26, with the following programme: *January 24, Public Health Organization, Morning, Lay Member Section*, address by Dr. John T. Black, State Commissioner of Health; Nurses' Round Tables, School Nursing, chairman, Martha Peters; Town Nursing Problems, chairman, Elizabeth Culver. *Afternoon*, Business and reports. Address by Alice Fitzgerald, League of Red Cross Societies. *Evening*, Mass meeting, address by President Ogilby of Trinity College, Hartford. Officers elected are: President, Nellie Ogilvie, Hartford; vice-presidents, Rose Heavren, Essex, and Marie H. A. Barrett, Hartford; secretary and treasurer, Martha Peters, Canaan; councillors, Margaret K. Stack, Hartford; Mary Wright, Waterbury; Sarah A. Keevers, Wil-

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Delaware: THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its eleventh annual meeting at the Delaware Hospital, Wilmington, on January 11. The business meeting was called to order by the President at 3:30 p. m., and the regular routine of business transacted. In her annual address the President welcomed the young graduates and those who have recently moved to Delaware and joined the Association. She recalled with sadness the death of Alida H. Turner, former superintendent of the Homeopathic Hospital, who died a few months ago, and who had attended every meeting of the Association since

it was organized. The President urged all to subscribe for the JOURNAL and to the Relief Fund,—blanks for both having been mailed to each member with the notice of the meeting. Fifty dollars was subscribed by the Association for the relief of the poor of the city; thirty dollars for the Near East Relief to care for three orphans, and twenty dollars to purchase books for the Wilmington High School Library (a drive for the library being in progress). "The History of Nursing" will be one of the books donated, and the balance spent on books relating to Hygiene and Physiology. The Association also supplied six trees to the Women's College, University of Delaware, as a result of request sent by the Dean to all of the Federated Clubs. The request to endorse the Fess bill was laid on the table for further investigation. It was decided to subscribe \$150 toward the expenses of a delegate to the American Nurses' Association's Convention in Seattle, and the appointment of a delegate was postponed until the Spring meeting. Seventy-five nurses attended the evening meeting, at which Dr. Charles J. French, State Director of Child Welfare, delivered an address on Child Welfare in Delaware; and Dr. William Wertenbaker gave one on Obstetrics in the Private Home. Pupils from the Homeopathic, Physicians and Surgeons, and Delaware Hospitals attended the evening session. A box supper was served. The election of officers resulted as follows: President, Mary A. Moran; vice-presidents, Marie T. Lockwood and Harriett Holden; secretary, Anna W. Jones; treasurer, Eva B. Hayes; councillors, Mrs. A. C. Whittier, Caroline Sparrow, Amy Wood, Louise Pugh, Mrs. Margaret Jones. Chairmen of Committees are: Nurses' Relief Fund, Olive D. Hartlove; Publicity, Anna W. Jones; Legislation, Marie T. Lockwood; Public Health Section, Marie T. Lockwood.

District of Columbia: Washington.—THE LEAGUE OF NURSING EDUCATION has elected the following officers: President, Alice McWhorter, Garfield Hospital; vice-president, Mrs. E. J. Fournier, Columbia Hospital; secretary and treasurer, Ruth Taylor, Walter Reed Hospital. THE GRADUATE NURSES' ASSOCIATION of the District of Columbia held a reception and dance on the evening of January 30. In spite of the extremely bad weather, there was a large attendance. It was the first time the association had indulged itself in modern frivolity with jazz accompaniment. A repetition of this particular style of entertainment is eagerly anticipated by many decorous members whose experience in such festivities is of very recent origin.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION held its annual meeting in Miami, November 17 and 18. The following officers were elected: President, Lillian Hollohan, Morton F. Plant Hospital, Clearwater; vice-presidents, Mrs. Neva Hanford, Miami City Hospital, Miami, and Iva Grant, Clinic Building, Orlando; secretary, Elizabeth Steil, Riverside Hospital, Jacksonville; treasurer, Frances Williams, 2210 Pearl Street, Jacksonville. Orlando.—THE CENTRAL FLORIDA REGISTERED NURSES' CLUB held its regular meeting on December 27, at Jefferson Court. Thirteen members were present and ten new members were accepted. A social hour followed the business session. The next meeting will be held at the Orange General Hospital.

Georgia: THE GEORGIA STATE BOARD OF EXAMINERS OF NURSES will hold a State Board examination on April 12 and 13 in Atlanta, Macon, Augusta and Savannah. For further information, address Jean Harrell, Secretary, 110 Luckie Street, Atlanta.

Illinois: Chicago.—GRANT HOSPITAL ALUMNAE ASSOCIATION has the following officers: President, Mrs. Francis Boeckelman; vice-president, Linda Gross; secretary, Belle Van Schoick; treasurer, Mary Marshall. At the November meeting,

the superintendent of the hospital, Mary Watson, was made an honorary member of the association. Lillian Helberg, a member of the Senior class of the hospital, was sent to the state meeting at Quincy as a representative of the student body. A Christmas dance was given the student nurses by J. George Graue, a member of the Board of Directors. The directors also gave a Christmas party at the nurses' home. Ethel Miller, class of 1914, is assistant superintendent of the Englewood Hospital, Englewood, N. J. Mary Peters, class of 1914, is stationed at Riga, in the Baltic States, doing Infant Welfare work under the Red Cross. MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting January 6, electing: President, Mary Shulenburg; vice-presidents, Daisy Bradley, Elizabeth Sheridan; recording secretary, Anna Tighe; corresponding secretary, Clara Raduns; treasurer, Eva Stoner; chairmen of committees: Nominating, Veronica Foran; Visiting, Anna Dalton; Programme, June Ryan; Executive, Maude Turner; Finance, Lillian D'Autromount. Alice Touhey is County Public Health Nurse at Chippewa Falls, Wis. Grace Crahan, formerly at Mercy Hospital, has taken charge of the St. Charles Hospital, St. Charles. Emma Quandt is at the Veterans' Bureau, Chillicothe, Ohio. Josephine Motl is in Hawaii, U. S. military service. Anna Goranowski, class of 1918, Illinois Training School, is theoretical instructor at the Henrotin Hospital. Barbara R. Munro, class of 1918, Presbyterian Hospital, has taken a position in Bishops School, La Jolla, California.

Indiana: Terre Haute.—THE UNION HOSPITAL ALUMNAE held its January meeting at the Nurses' Home on North Street. Officers were elected, committees appointed, and delegates chosen to attend the District meeting at Evansville. By action of the hospital board and the Alumnae Association, Ethel Chisholm was made a member of the school and of the alumnae and was presented with a school pin. Miss Chisholm has been superintendent of nurses for a number of years, during which time she has labored diligently for the good of the hospital and the uplift of the training school. Work on the new hospital is progressing rapidly. Two floors will soon be ready for use. The alumnae have pledged about \$2,000 toward the building fund. **Indianapolis.**—THE INDIANAPOLIS PUBLIC HEALTH NURSING ASSOCIATION has established a fund known as the "Abbie Hunt Bryce Fund" for special purposes and scholarships for nurses. Mrs. Peter F. Bryce, for whom the fund is named, was the founder of the organization. The nucleus of the fund is \$1,200, now held by the association. THE METHODIST HOSPITAL NURSES' ALUMNAE ASSOCIATION elected the following officers January 3: President, Edna Ferguson; vice-presidents, Anice Harper and Helen Myers; secretary, Isobelle Walker; treasurer, Mrs. C. D. Fansler, reelected. THE INDIANAPOLIS CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION has started a movement to establish a loan fund for prospective students and students at the City Hospital, letters are being sent to all City Hospital graduates explaining the plan and urging all nurses to attend the next meeting to be held at the City Hospital March 11, when it is expected that the plan formulated by the board of directors will be adopted. The fund will be known as the "Mother Bryce Fund," for Mrs. Peter F. Bryce, who was superintendent of nurses at the hospital when the first class of nurses graduated in 1885. Daisy Craver has accepted a position as surgery nurse at the Sullivan County Hospital and Telsa Neiderhouser is assistant surgery nurse. **Fort Wayne.**—Mary E. Gladwin of Akron, Ohio, who has been prominent in conducting student nurse recruiting campaigns, was in Fort Wayne in February. She gave many talks to various clubs and organizations. A special mass meeting for nurses was held in the Assembly Room of the Court House, Anna M. Holtman, Superintendent of the Lutheran Hospital presiding.

Several social functions were given in Miss Gladwin's honor. A reception was given for her at the Y. W. C. A. by the Women's Club League. A dinner was given at the Lutheran Hospital and at St. Joseph's Hospital, and a luncheon at Methodist Hospital. THE LUTHERAN HOSPITAL ALUMNAE held a meeting on February 8, Miss Gladwin being the guest. G. D. Preston of the Fort Wayne Social Service spoke on conditions in the city.

Iowa: THE BOARD OF DIRECTORS OF THE IOWA STATE NURSES' ASSOCIATION met at Hotel Savery, Des Moines, on January 25 to outline the programme for the year's activities and to make tentative plans for the meeting in Sioux City in October. Seven of the Districts were represented. Anna Drake was appointed chairman of the Legislative Committee and Helen Needles of the Jane Delano Memorial Fund Committee. One hundred and twelve nurses were present at the state examination on January 26 and 27. Dr. Rodney P. Fagan assumed the duties of secretary, State Board of Health, on January 1. Des Moines.—DISTRICT 7 held a meeting at the Hotel Savery on February 2 with Maud Bowen, the new president in the chair. Gertrude White read a paper on Preliminary Training. Veronica Stapleton, who has been president of the District Association for several years and who has been most active in the State Association, has been appointed Assistant Principal of Nurses, City and County Hospital, St. Paul. The members bade her farewell with great regret. Council Bluffs.—DISTRICT 9 held its annual meeting on January 14 at the Emma Lucas Home of the Jennie Edmundson Hospital, a beautiful and well-equipped home which it would be worth any nurse's time to visit. Reports were given and officers elected: President, Maude Rank; vice-presidents, Helen Minear and Frances Barnett; secretary, Mrs. Stacia Reed Hoffman Creston; treasurer, Mrs. Margaret Pierson; directors, May Kinney, Sena Nelson. Tea and a social hour followed. Every nurse living in one of the fifteen southwest counties of the state should write to the secretary and learn how to become a member. THE JENNIE EDMUNDSON ALUMNAE held a regular meeting on February 7, most of the time being spent in discussing how the graduates of the hospital may best assist the superintendent. A new wing is being added to the hospital and an attempt is being made to systematize the rules for the graduate nurses so as to make them practical both for the nurse and for the hospital. At these discussions, criticisms from both sides are heard and just decisions reached. MERCY HOSPITAL ALUMNAE met on January 11 and elected: President, Elizabeth Bradford; vice-president, Charlotte Kaufman; secretary, Mabel Shea; treasurer, Sister M. Immaculata. Lectures in Parliamentary Law were conducted in the auditorium January 6-12 by Ada K. Gannon of Davenport for the benefit of alumnae and student nurses. Dubuque.—THE ALUMNAE ASSOCIATION OF FINLAY HOSPITAL held its annual meeting at the Nurses' Home on December 7. A fine report of the state convention was given by Alva Millar. The following officers were elected: President, F. Pederson; vice-presidents, A. Millar, L. Hepperle; secretary, E. McNamara; treasurer, C. Henchen. Following the business meeting a social hour was spent. Cedar Rapids.—THE FIFTH DISTRICT ASSOCIATION held its annual meeting at Mercy Hospital January 27. After an interesting meeting, the Mercy Hospital Alumnae gave a short programme and were hostesses for the social hour. Officers elected are: President, Mrs. Elizabeth A. Johnston; secretary, Stella S. Scott; treasurer, Aloisie Pazdera; directors, Mary Gaston, Winifred Boston, Mrs. H. C. Watson. Pella.—Esther Albright of Danville has been appointed as school nurse. Iowa City.—Miss Potgetter resigned her work as school nurse in Washington to fill the vacancy at Iowa University Hospital in connection with the follow-up work for the

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"Perkins" children. Ottumwa.—Mabel Lusk is doing school nursing in Wash-
ington. Fairfield.—Alberta Lewis has been appointed night supervisor at the
Jefferson County Hospital. THE JEFFERSON COUNTY HOSPITAL ALUMNAE met at
the Nurses' Home and elected Mazie Lewis as president and Merle Wright as
secretary. The dues were increased and each member reminded that her *Journal*
subscription should not be allowed to lapse. Boone.—Laura Parker, Superintend-
ent of Boone Hospital, has resigned and is to take a post-graduate course. She
will return to Boone to accept a position in the clinic. Mrs. Clarence Culver
(Hilda Krukenberg, St. Luke's, Cedar Rapids) is doing public health work here.

Kansas: THE SIXTH DISTRICT ASSOCIATION held its regular meeting on
January 3 in Arkansas City with an attendance of thirty members and visitors.
Besides the usual business meeting there were a drive to the Chillocco Indian
School and a dinner given by the nurses of the city. A short programme was
given during dinner.

Kentucky: Louisville.—Jane T. Dahlman has resigned as Director of the
School of Public Health connected with the University of Louisville.

Maine: THE MAINE STATE NURSES' ASSOCIATION held its ninth annual
meeting in the State of Maine room, Falmouth Hotel, Portland, January 26-27.
Opening session, Thursday, January 26. Prayer, Rev. Mr. Pressey. Address of
welcome, Carroll S. Chaplin, Mayor of Portland. Response, Lucy Potter of
Biddeford. Reports of Secretary, Treasurer, Auditor and of different com-
mittees read and accepted. After general business discussions, committees were
appointed on resolutions, and the tellers were appointed. A delegate was sug-
gested for the American Nurses' Association meeting in Seattle, Wash. It was
moved and seconded that the Secretary forward a letter of invitation to the
committee in Boston inviting the national organization to hold its next bi-ennial
meeting in Boston, and the delegates be instructed to go to the convention pre-
pared to urge the acceptance of invitation. Afternoon session, meeting called to
order by Miss Dearnness and then turned over to Edith L. Soule in charge of
the Public Health Section. Very interesting papers were read and talks given
by Dr. Nichols and Dr. Beach, Child Welfare by Catherine Quinn, School Nursing
by Charlotte Simon, Fresh Air Schools by Edith Strout, Health Centers by Carrie
Anderson, and Traveling Health Clinics by Edith Bicknell. A banquet was
given at 8 P. M. After dinner, speakers were in charge of the Nursing League
of Education, interspersed with music. Friday, January 27, the Secretary's
report and address of the President. Then the meeting was turned over to
Betsey Edgecomb in charge of the Private Duty Section. The first subject was
The Independent Woman's Income by Mabel Lord, followed by paper on History
of Nursing by Alice Hawes. Dr. Lucinda B. Hatch gave a very interesting talk
on the Opportunities of The Trained Nurse, and Mrs. Jane Prevost read a paper
on The Ethics of Nursing. At 11 there were Round Tables on Nursing League
of Education and Public Health Section. At 2:30 there was a discussion of
by-laws and election of officers. The following were elected: President,
Margaret Dearnness, Maine General Hospital, Portland; vice-presidents,
Edith L. Soule and Mrs. Jane Prevost; secretary, Louise Hopkins, 246 Essex
Street, Bangor; treasurer, Mabel Blanchard, South Portland; directors, three
district presidents and Mrs. Margaret S. Smart. THE PUBLIC HEALTH SECTION
elected as officers: Chairman, Edith L. Soule, Augusta; vice-chairman, Louise
P. Hopkins, Bangor; secretary and treasurer, Edith M. Bicknell, Bangor;
directors, Mary E. Slivean and Agnes Nelson.

Maryland: THE MARYLAND STATE NURSES' ASSOCIATION held its annual

meeting January 26 and 27. Officers elected are: President, Elsie M. Lawler; vice-presidents, Mrs. Robert P. Bay and Jane E. Nash; secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore; treasurer, Mrs. Gulielma H. Bode, 1211 Cathedral Street, Baltimore; directors, to serve three years, Eleanor Evans and Laurina Stevens; to serve two years, Mrs. Nathan Winslow and Mrs. Henrietta K. Taylor; to serve one year, E. Getzendanner and Mary Ingle.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its midwinter meeting February 18 at the New England Women's Club House, Boston. The League of Nursing Education held a session from 10 to 11:30, Melissa Cook presiding, with the following programme: Some Factors in the Feeding of Children, Maynard Ladd, M.D.; discussion, Bertha M. Wood; Mental Hygiene in Its Relation to Present Day Nursing, L. Vernon Briggs, M.D. The Private Duty Section met from 11:30 to 1, Minnie Hollingsworth presiding, discussion of representation and programme for the Seattle convention. The State Association met from 2:15 to 4:30 with the following topics: Features of 1921 Red Cross Nursing Service, Miss Cameron, Acting Director, New England Division; The 1920 Legislative Campaign in New York State, Sally Johnson; The 1921 Legislative Campaign of the Missouri State Nurses' Association, Sara E. Parsons. Tea was served at 4:30 by the Alumnae of the Peter Bent Brigham Hospital. The Public Health Section met from 5 to 6, Zepha M. Gardner presiding. Address, the Importance of Psychiatry for the Nurse, Dr. C. Macfie Campbell. **Boston.**—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held its annual meeting and banquet on the evening of January 14 at the Twentieth Century Club. About eighty members were present. The officers elected for the coming year are: President, Evelyn Coolidge, Lever Bros., Cambridge; vice-presidents, Elizabeth Whitty, The Texas Co., Providence, R. I., and Elizabeth Kob, Hockanum Mills, Rockville, Conn.; treasurer, Florence Berry, Florence Manufacturing Co.; recording secretary, Mrs. Louise Munro, Holtzer-Cabot Co., Roxbury; corresponding secretary, Ellen Atchison, Red Cross Veterans' Bureau, Boston. After dinner a programme was given, consisting of community singing, readings, etc. Anne H. Strong, Simmons College, was the speaker of the evening, her subject being Educational Standards for the Industrial Nurse. Bernice Billings, Executive Secretary, Boston Tuberculosis Association; Mary Wiggan, Executive Secretary, Massachusetts Consumers' League, and Carrie M. Hall, President of the Massachusetts State Nurses' Association, gave short addresses on the methods of coöperation between their organizations and the industrial nurse. **Cambridge.**—THE CAMBRIDGE HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on January 23 and elected the following officers: President, Mrs. Sarah S. Still; vice-presidents, Mary A. Stuart and Bessie C. Foster; secretary, Mrs. Helen R. Hollis; treasurer, Mrs. Minnie M. Mower.

Michigan: THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION has undertaken the writing of the history of nursing in Michigan. Letters and questionnaires were sent to members of the League and accredited schools of nursing on November 1, 1921. The work is proceeding satisfactorily, and it is expected the completed work will be ready for the students' use this coming September. MICHIGAN'S FIRST ANNUAL CONFERENCE of health officers and public health nurses, which took place during the week of November 28, was attended by several hundred delegates, representing all parts of the state. Among the lecturers on the programme were Dr. C. E. North, Director of the North Public Health Bureau, New York; Dr. W. H. Frost, Johns Hopkins University; Dr.

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Haven Emerson, New York; Dr. William H. Park, Director of the Bureau of Laboratories of the New York City Department of Health; Dr. John Sundwall, Director of the Department of Hygiene and Public Health, University of Michigan; Governor Alex. J. Groesbeck, and Mary E. Sweeney, Dean of the Department of Home Economics of the Michigan Agricultural College. The latter part of the programme was given over to lectures on rural child hygiene by Mrs. Barbara H. Bartlett, Director of the Department of Public Health Nursing, University of Michigan; on tuberculosis nursing, by Elizabeth Parker, Executive Secretary of the Michigan Tuberculosis Association; on the goal of county nursing, by Elizabeth G. Fox, Director of the Public Health Service of the American Red Cross; and on the visiting nurse and home and after-care of crippled children, by Edna Foley, Superintendent of the Visiting Nurses' Association, Chicago. Out of the forty-six counties having active public health programmes, thirty-four were represented by nurses. At a luncheon given the last day of the Conference, one hundred and nineteen nurses were present. Exhibits were given representing the outstanding features of the county nursing programme. This attracted a good deal of attention from both the nurses and health officers. Lansing.—DISTRICT No. 7 held its annual meeting on January 23, electing the following officers: President, E. Ward Orr; vice-presidents, Esther Fish and Bertha Rogers; recording secretary, Mary L. Coleman; corresponding secretary, Mabel Stevens; treasurer, Mrs. J. L. Boyd; directors, Lucille Tenney, Anna Coleman, Harriet Leck.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the next examination on April 28 and 29, 1922, in the New State Capitol, St. Paul. All applications to be in the secretary's office by April 8. Nurses who will complete their training on or before July 1, 1922, may take the examination. THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION will hold a special meeting at the Woman's Club, Minneapolis, on April 22, at 8 p. m. The Board of Directors will meet on the afternoon of the same day.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold examination for licensing of nurses and attendants on May 4 and 5. Address all communications to the Secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis. The Missouri State Board of Nurse Examiners holds an examination March 1 and 2. So far over 1,000 licenses have been given to attendants. No one may care for the sick in the state of Missouri without procuring a license. All nurses coming to the state should first get in touch with Harriet Friend, Educational Director, Missouri State Board of Nurse Examiners. It is very necessary that nurses bear this in mind who expect to practice in the state of Missouri. This law went into effect January 1, 1922. THE LEAGUE OF NURSING EDUCATION met January 18. Other business was laid aside and the Lehlbach bill was discussed. Telegrams were sent to the Senators from this state requesting that an amendment be proposed placing nurses in the professional group. THE MISSOURI SCHOOL OF SOCIAL ECONOMY graduated from its Public Health Nursing course a class of eleven students. On January 27 the informal graduating exercises were held. Tea was served and after this a contest in posters, health talks and scrap books was held. Votes were taken from the audience and the one receiving the most votes received a prize for each contest. Up to the present time seventeen have enrolled for the spring class. St. Louis.—THE THIRD DISTRICT GRADUATE NURSES' ASSOCIATION held its annual meeting January 16. The following officers were elected: President, Mary Stevenson; vice-president, Jannett Flanagan; acting financial secretary and treasurer, Jannett Flanagan; director, Geneva McMurtrey, Esther Cousley.

Nebraska: Lincoln.—ST. ELIZABETH'S HOSPITAL graduated a class of ten on January 15. Addresses were given by John Maguire and Dr. E. B. Finney. Frances Walters was valedictorian. The graduates wore collegiate gowns and caps and were attended by two little flower girls. A reception followed the exercises.

New Jersey: DISTRICT No. 4 held its annual meeting at the Nurses' Home, Monmouth Memorial Hospital, Long Branch, on January 30. The following officers were elected for the year 1922: President, Elsie Breheut; vice-president, Mrs. Wm. Everson; secretary, Minnie Ireland; treasurer, Beatrice Colley. **Long Branch.**—THE MONMOUTH MEMORIAL HOSPITAL ASSOCIATION held a regular meeting at the Nurses' Home on the evening of February seventh. Anna Caroline Maxwell gave a talk on the nursing situation in this country and abroad. About seventy guests were present. Bertha A. Riddle, a graduate of the University of Pennsylvania School of Nursing and for four years Supervisor of Nurses at the Good Samaritan Hospital, Leighton, Ky., has been appointed Instructress of Nurses at the Monmouth Memorial Hospital. **Montclair.**—THE MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: President, J. Trippett; vice-presidents, I. Stitt and Mrs. A. Bush; corresponding secretary, M. Oswald; recording secretary, Miss Tabor; treasurer, Mrs. E. Bendig. **Trenton.**—THE THIRD DISTRICT ASSOCIATION held its annual meeting on January 5, in the District Court Room, City Hall. Twenty-two members and three visitors were present. The treasurer's report showed a balance of \$151.72. The constitution and by-laws were accepted. A report of the state meeting was given by Julia A. Taylor. Carrie Lister was appointed a member of the Board of Directors to fill the unexpired term of Elsie Krengel, who has left the District. Officers were elected as follows: President, Harriet E. Mathews; vice-president, Mrs. Grace M. Porter; secretary, Julia A. Taylor; treasurer, Mabel Wyatt; director for two years, Mrs. Wisely. **Passaic.**—THE PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on February 1, at the hospital, reëlecting the following: President, Emma Nelson; vice-president, Mrs. Bessie Allen; secretary, Mrs. Ethel M. Pearl; treasurer, Florence Livingston.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION held a special meeting at St. Joseph's Hospital, Albuquerque, January 26, with a registered attendance of 43. The association felt honored in having as a guest Anna C. Jammé, President of the National League of Nursing Education, who spoke most interestingly on the History of Nursing and of State Registration. The annual meeting of the State Association with the Public Health Nurses' Association will be held in April. Miss Jammé was a guest at St. Joseph's Hospital, which is planning to reorganize its school to conform to the Standard Curriculum.

New York: Buffalo.—DISTRICT 1 held its regular meeting on January 18, at the Central Branch, Y. M. C. A. Mr. Adie of the Charity Organization Society, gave a very interesting talk on "Social Problems." The regular meeting of the Western New York League for Nursing Education was held January 10, at the Hospital of the Sisters of Charity. It was decided to form a subdivision of the League composed of instructors, to meet and discuss problems of teaching. A committee was appointed from this subdivision, to prepare a programme along these lines for the next regular meeting of the League. **Rochester.**—DISTRICT 2. Edna W. Gorton has resigned as assistant superintendent of nurses at the Rochester General Hospital and as secretary of the District Association. She is succeeded in her hospital work by Ivona Johnson, and in her district office by Mabel Hoffman. Miss Gorton will not take up any nursing work for the present. She will be missed in the district, which is greatly indebted to her for the enthusi-

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1911) has accepted a position as superintendent of Nyack Hospital, Nyack, Brooklyn.—DISTRICT 14 held its annual meeting on January 24 and elected: President, Lucy Treadway; vice-presidents, Nora T. McCarthy and Christine Arnold; secretary, Mrs. Ethel G. Prince; treasurer, Emily Fascher; directors, Anna Sabol, Helen McNamara. M. Agnes Copeland has resigned her position as superintendent of nurses at St. Catharine's Hospital. The students made her a farewell gift of an amber traveling bag outfit. She was escorted to the station by the graduating class, who greatly regret her departure. Miss Copeland introduced a resident practical instructor and six part-time teachers, two supervisors and five charge nurses, an unusually complete tray system and equipped a modern demonstrating room apart from the lecture hall. She inaugurated, also, the teaching of public health work and social service ethics. She furnished and equipped a new nurses' residence, issued the hospital training school's first announcement and sent advanced students to the Brooklyn State Hospital for instruction in theory and practice. Miss Copeland has been an indefatigable worker and frequently the funds for improvements were raised through her personal efforts. During her seven years' tenure of office, which included close cooperation with the Council of National Defense, in ministering to officers, sailors and marines during the war-time influenza epidemic, Miss Copeland did not lose one nurse by death—a very significant record of a superintendent's interest in the well being of her students. THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE held its annual meeting recently, electing the following officers: President, Kate Madden; vice-presidents, Mrs. W. R. Eaton and Mrs. J. E. Jennings; recording secretary, Helen Hayward; corresponding secretary, Mary Haldane; treasurer, Mary E. Holt; assistant treasurer, Margaret F. Nicols. Miss Madden is also directress of nurses at the Brooklyn Hospital.

North Carolina: Winston-Salem.—DISTRICT No. 2 held its annual meeting at the nurses' home of the City Memorial Hospital on January 14. Officers elected are: President, Kate Masten; vice-presidents, Mary Lippard and Ella Smith; secretary, Dovie Shore; treasurer, Naomi C. Broughten; directors for two years, Edna Hienzerling and Percy Powers; directors for one year, Janet Haltiwanger and Carolyn Miller. The reports given showed that the District had had a very prosperous year.

North Dakota: Bismarck.—LOUISE HOERMAN, who has been for some years superintendent of the Bismarck Hospital, and who has also served as president of the State Association, has resigned her position and is resting at her home, Leonardville, Kansas. Miss Hoerman does not intend taking up nursing work again for several years.

Ohio: THE EXECUTIVE COMMITTEE OF THE OHIO STATE NURSES' ASSOCIATION held a meeting recently at Columbus at which eleven of the district presidents were present. **Cleveland.**—DISTRICT No. 4 held its annual meeting at Isabel Robb Memorial Hall, January 10. The reports showed that the work accomplished during the year, as well as the attendance at meetings, had been gratifying. Hanna Buchanan was reelected president. Nurses from the Visiting Nurse Association are meeting at the different hospitals where some nursing procedures are demonstrated. This plan affords some ideas of standardization and enables those who have been removed from hospital service to observe some of the new methods. **Elyria.**—THE ELYRIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 5, at the Nurses' Home, electing the following officers: President, Clara Wheaton; vice-presidents, Charity Sherod and Mrs. E. Hart; secretary, Mrs. C. H. Giberson; treasurer, Frances Davis; trustees, Mrs. I. Wendt, Mrs. R. L. Thayer, Mae Loftus, Edna Proctor. In December, eight members of

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the class of 1921 took the state examinations at Columbus. All made most creditable records Frances Davis standing highest.

Oregon: AN OREGON STATE LEAGUE OF NURSING EDUCATION was organized January 7, at a tea given by Marion G. Crowe. Twelve nurses were present and joined the League. A SOUTHERN OREGON SECTIONAL CONFERENCE OF THE STATE PUBLIC HEALTH NURSES' ASSOCIATION was held in Roseburg February 18. A programme interesting to both lay and professional workers was given. **Portland.**—A series of lectures by physicians of Portland has been arranged for public health nurses by Dr. Estella Ford Warner, Director, School Division of Portland City Health Bureau. As one of the series, a lecture was given by Dr. Steinmetz, February 4th, on Pre-natal Care. SELLWOOD GENERAL HOSPITAL has added to its staff as anaesthetist, Cora Hartley, graduate of Everett Hospital, Lincoln, Neb.; and as head nurse, Elsa Boyd, graduate of Wesley Hospital, Chicago.

Pennsylvania: Philadelphia.—THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on January 2 and elected the following officers: President, Agnes E. Jacobs; vice-presidents, M. Margaret Whitaker and Eva J. Hood; secretary, Edith M. Frescoln; treasurer, J. Emilie Kemp; directors, Mary Cassidy, Annabel Smith, Bertha Yerton, Beatrice Hervey, Mrs. Sarah M. Dyer; president of Beneficial Association, Helen B. Adams. The treasurer's report showed that there had been collected during the year in dues, sale of calendars and interest,—\$1,355.58. Disbursements were \$956.99. The Endowed Room Fund had a balance of \$962.64, and the Beneficial Fund, \$576.64. The addresses of the retiring president and secretary were well received. \$100 was donated to the Sesqui-Centennial Fund, this being the first alumnae association to help in the movement. Plans for the coming year were discussed. A full attendance at meetings is desired. THE STETSON HOSPITAL NURSES' ALUMNAE held its annual meeting on January 7, electing the following officers: President, Isabel Schneider; vice-president, Bertha Durand; secretary, Ella Hauck; treasurer, Mary Martin. The Association is furnishing a room in the Hospital for sick nurses. The year 1922 also finds the nurses of the Stetson Hospital in a beautiful new home. Isabel Schneider was a delegate to the State Convention at York. She brought back a very interesting report. Mary Virginia Stephenson has been appointed superintendent of nurses, Hospital of the University of Pennsylvania. Miss Stephenson graduated in the class of 1904, and has since served as supervisor, assistant directress and instructor. Elizabeth Shaw, class of 1911, has been made superintendent of St. Margaret's Hospital, Pittsburgh, the vacancy being caused by the death of Oral M. Frick. HOWARD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting January 19, electing: President, Katherine Smith; vice-president, Elizabeth Findlay; secretary, Jessie Lane; treasurer, Sarah Hauck; directors, Mary Healey and Anna Kneuth. HELEN FAIRCHILD POST, No. 42, held its annual meeting January 10 at the Pennsylvania Hospital with 49 members present. Officers are: Post Commander, Hilda D. Melching; vice-commander, Anna C. Garrett; adjutant, Joy Bairstow; finance officer, Irene Whitman. THE ALUMNAE ASSOCIATION OF THE JOSEPH PRICE HOSPITAL held its annual meeting in January, electing the following: President, Mrs. G. B. Wheeler; vice-president, Mrs. William Wark; secretary-treasurer, Leslie A. Rambo. The president, Mrs. Wheeler, has served the association faithfully for a number of years. The association proposes to give a saurkraut supper in March to add to the treasury. DISTRICT ASSOCIATION No. 3 of the Graduate Nurses' Association of Pennsylvania held its annual meeting in the Y. M. C. A. building, Pittston, January 25. The following officers were elected: President, Esther J. Tinsley; vice-presidents, Maude Jacobs and

Florence Tiffany; secretary, Rena Savage; treasurer, Agnes Cawley; directors, Mrs. Carrie Best Buckman, Sister M. Ricardo. The other directors of the association are Janet G. Grant, Nellie Loftus, Grace E. M. Smith and Selma Barth. **Lancaster.**—THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL held its annual meeting in the business parlor of the hospital January 2. The following officers were elected: President, E. Blanche Seyfert; vice-president, Lillian Mumma; secretary, Minnie E. Esbenschade; treasurer, Elizabeth Shriner. Directors elected were: For three years, Rose Beckley; for two years, Rachel Helms and Edna Bucher; for one year, Elmira Eckert and Clementine Kirsch. The proposed amendments to the by-laws, as recommended by the American Nurses' Association, were passed upon by the association, and the matter of a lead pencil sale, which the association is planning for the near future, was discussed. The proceeds will be used for the endowment of a room for nurses in the new wing of the hospital. **Scranton.**—THE ALUMNAE ASSOCIATION OF THE MOSES TAYLOR HOSPITAL held its annual meeting on January 7. An interesting report of the state meeting was given. Officers elected are: President, Mrs. Griffin; vice-president, Ann K. Ward; secretary, Winifred J. Corbett; director, Carrie Rosencrause. **Pittsburgh.**—MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 26 in the amphitheatre of the hospital and elected: President, Jane Moran; vice-presidents, Rose Kaiser and Rose Nagel; secretary, Eulalia Barth; treasurer, Minetta DeLozier; directors, Sister Mary Etheldreda, Sister Mary Mechtilde, Teresa Vogel, B. Phelan, Mae Kearns. At the close of the business meeting, the Alumnae was entertained by some of the members of the training school in a musical programme. A delightful lunch was served by the senior student nurses. **Wilkesburg.**—Frances Turk, class of 1917, Columbia Hospital, is doing missionary work in The Sudan.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting on January 30 at the Medical Library, Providence. Amy Allison was elected president to succeed Lucy C. Ayers, resigned. The retiring president was presented with a bar pin by the executive board in recognition of her faithful and efficient service to the association. Mary M. Roberts, co-editor of the *American Journal of Nursing*, addressed the meeting in the interest of the Journal. Tea was served and the nurses given an opportunity to meet Miss Roberts. **Providence.**—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its twenty-fifth annual meeting and banquet on January 3 at the Providence Plantations Club. Winifred L. Fitzpatrick, as toastmaster, reviewed the growth and development of the association, and what it had accomplished. The two outstanding accomplishments were the sick benefit fund, which now amounts to nearly \$4,000, and the completion in November, 1921, of a fund of \$4,000 to endow a free bed in the hospital in memory of the nurses who served and died in the World War. Dr. John M. Peters, superintendent of the hospital, spoke on the relation of the Alumnae Association to the hospital and the training school. Dr. Peters spoke of the formation of a training school fund within the past year which now amounts to about \$1,500. It is the hope of the hospital and training school authorities that this fund may in the near future be increased to a sufficient amount to provide scholarships to be offered to the graduating classes. Dr. Edgar B. Smith spoke of the value of the trained nurse in medicine and surgery and urged the "getting together" of the nurses in a recreational way. Mary M. Roberts, co-editor of the *American Journal of Nursing*, was the principal speaker of the evening. Miss Roberts told of what other alumnae associations were doing for their training schools (such as working for endowment funds and offering individual scholarships, the various ways of raising funds, the value

of a bulletin as a means of keeping the interest of the members was also touched upon). An interesting feature of the meeting was the presence of the three superintendents of nurses, Emma L. Stowe from 1885 to 1900; Lucy C. Ayers, from 1900 to 1910; Inez C. Lord, from 1910 to date. All three spoke of the cordial relationship that had always existed between the Alumnae Association and the training school. Many of the classes were represented, and it was generally agreed that Dr. Smith was quite right in saying it is a good thing to "get together." The nurses of Rhode Island feel that they were specially privileged to have Miss Roberts with them at both these meetings. THE HOMEOPATHIC HOSPITAL is to be enlarged by the addition of two new buildings, one for administration, the other for the accommodation of 100 patients. A drive for \$1,000,000 is planned by the Board of Directors. This sum will be used in part for the new buildings and in part as an endowment fund. The Providence Branch, Guild of St. Barnabas for Nurses, met at St. Stephen's Church on February 2. Esther Green, recently returned from work in the Near East, told of her work, especially in Armenia. Pawtucket.—Elizabeth Bury, graduate of the Memorial Hospital, is reported seriously ill at Harpoot, Asia, of typhus fever. Miss Bury is chief nurse in an American hospital operated by the Near East Relief.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting at the Civic Centre on January 4. There were two sessions and refreshments were served after each session. The afternoon session was given over to the discussion of general nursing matters. The evening session was devoted to the reports of committees, the president's address, and the election of officers, the following being elected: President, Daphne Dalton, County Hospital; vice-president, Mary Preston; secretary, Alice Hubbard, County Hospital; assistant secretary, Josephine Smith, County Hospital; treasurer, Beatrice Smith. These, with the following, constitute the Board of Directors: Anne E. Keegan, Mabel Bettilyon, Katie Boam, Rose Henniger, Laura G. Willes, all of Salt Lake City, and Mrs. William Hall, Ogden. Mrs. Hall was later appointed chairman of the Relief Fund Committee for the coming year.

Vermont: Rutland.—Mary Carr Newell, superintendent of the Rutland Hospital, is treasurer of the Vermont State Hospital Association, which was organized in Burlington on December 3.

Virginia: Richmond.—THE ALUMNAE ASSOCIATION OF TUCKER SANATORIUM held its annual meeting on January 12. Officers elected are: President, Minnie C. O'Reilly; vice-president, Frances Williams; secretary, Carol D. Saunders; treasurer, Florence M. Losee. Eight new members were received.

West Virginia: Charleston.—DISTRICT No. 2 held its quarterly meeting in the Hotel Kanawha on January 28. After the invocation, the president, Miss Sharpless, gave an address, followed by one from Mrs. H. C. Lounsbery, Honorary State Chairman, on Epidemics. In the absence of the secretary, the report of the last meeting was given by Elizabeth Oliver. Mary E. Reid, registrar of the Nurses' Central Directory, gave a full report of the registry. All who knew her expressed regret at the death of Miss Peyton, a much loved charter member of the association. Other addresses were on Anaesthesia by Frances Lee Lindsey, anaesthetist at St. Francis Hospital, and Immunity by Dr. G. H. Barksdale. Miss I. M. Havey, Director of Nursing Service, Lake Division, American Red Cross, was present and spoke on the Seattle convention and on the Jane A. Delano Memorial, urging all to contribute. She also referred to the Sterling-Lehbach bill. Julia Mellichamp told of her rural nursing in Lewisburg and of her dental clinic. Mrs. Willison of the Lake Division also spoke. The private duty section elected officers for 1922: Chairman, Ethel Giannini; vice-chairmen, Katheryne

Duke and Katherine Brinkley; secretary and treasurer, Helen Eggleston; directors, Miss Zundell, Laura Thompson and Mrs. Imogene W. Davis. A social hour with refreshments followed the meeting. All felt that the meeting had been most successful. Forty members were registered. The next meeting will be held in Bluefield in April.

Wisconsin: THE BOARD OF DIRECTORS OF THE WISCONSIN GRADUATE NURSES' ASSOCIATION held a meeting at the Chamber of Commerce, Milwaukee, January 13. **Madison.**—THE THIRD DISTRICT ASSOCIATION held a meeting on January 10 at the Nurses' Home of the University Hospital. There was a good attendance, including several student nurses. Adda Eldredge spoke on the new nursing laws, and Agnes Reid on the organization of the State Association. **Neenah.**—THE SIXTH DISTRICT ASSOCIATION met at the Public Library January 11 with an attendance of 80, all but two counties in the district being represented. Agnes Reid spoke on the new law on compulsory registration. Mrs. Adelaide Northam spoke on the need for district leagues. By the courtesy of local club women, autos were furnished to take the members to the Theda Clark Hospital, which has been recently remodelled and where a luncheon was served. A private duty section was organized with Mrs. E. Breismeister of Oshkosh as chairman. **Wausau.**—THE EIGHTH DISTRICT held a meeting on January 17, seven new members being admitted. It was voted to send \$15 to the Jane A. Delano Memorial Fund. The programme consisted in a review of the current *Journal of Nursing*. **Ashland.**—THE ELEVENTH DISTRICT ASSOCIATION was organized at a meeting held at St. Joseph's Hospital on December 5, Agnes Reid, president of the State Association, being present. Forty nurses were present. The following were elected: President, Anne W. Thompson; vice-presidents, Florence Werrick and Hannah Tidstrom; secretary, Amelia Peterson; treasurer, Ethel Cording; directors, Nellie Hangard, Jessie Schalked, Mrs. E. N. Coon, Antonia Werrien, May Lindsdean, and Theresa Gardner. A luncheon was served by the Sisters. Agnes Smith, County Nurse of Grant County, and Johanna Schwarte, Greene County, have resigned, and have gone to Brazil to accept public health positions with the Department of Health of that country. Evelyn Smith has been appointed county nurse in Sheboygan County. **Milwaukee.**—Ten nurses from various parts of the state are taking the four months' course in Public Health Nursing with the Wisconsin Anti-Tuberculosis Association. Practical field work is being given in Milwaukee County, the City Health Department and the Visiting Nurse Association. Palma G. Stoughton has been appointed county nurse in Vernon County. **Beloit.**—Justin Thorpe, superintendent of the Visiting Nurse Association has resigned because of ill health. **West Allis.**—Jeanette Hayes has been appointed Public Health nurse.

BIRTHS

To Mrs. William Ritchie (Esther Allison, class of 1915, Braddock General Hospital, Braddock, Pa.), a son, in December.

To Mrs. Merle Bowser (Garnet Arbi, class of 1915, Braddock General Hospital, Braddock, Pa.), a son, in December.

To Mrs. William St. John (Frieda Auer, class of 1911, Lutheran Hospital, Ft. Wayne, Ind.), a daughter, Elisa Frieda, January 4.

To Mrs. Alvin Morian (Frances Benjamin, class of 1917, Hackensack Hospital, Hackensack, N. J.), a daughter, February 3.

To Mrs. George B. Smith (Cathrine Brooks, class of 1912, Methodist Episcopal Hospital, Brooklyn, N. Y.), a daughter, Margaret Louise, December 20.

To Mrs. Joseph Winder (Helen Brumbach, class of 1919, Abington Memorial Hospital, Abington, Pa.), a son, Joseph Baroff, November 6, 1921.

To Mrs. Lynn McBride (Martha Burkhalter, class of 1919, Presbyterian Hospital, Chicago), a son, December 12, 1921.

To Mrs. John Pyle (Helen D. Carr, class of 1917, Passaic General Hospital, Passaic, N. J.), a daughter, Helen Lou, January 24.

To Mrs. Berryhill (Nettie Connor, class of 1918, Moses Taylor Hospital, Scranton, Pa.), a son, January 22.

To Mrs. Robert Ivy (Norma C. Crossland, class of 1910, Protestant Episcopal Hospital, Philadelphia), a son, January 2.

To Mrs. Hartmann (Anna Derenthal, class of 1918, Wyckoff Heights Hospital, Brooklyn), a son, January 13.

To Mrs. T. D. Turner (Anna K. Dunn, class of 1912, Columbia Hospital, Wilkensburg, Pa.), a son, in December.

To Mrs. W. R. Parker (Blanche Dibble, class of 1917, Silver Cross Hospital, Joliet, Ill.), a son, January 23.

To Mrs. C. Arnheiter (Marie Eickmeier, class of 1914, Lutheran Hospital, Fort Wayne, Ind.), a daughter, November 7.

To Mrs. Fred Harris (Elizabeth Evans, class of 1918, Joseph Price Hospital, Philadelphia), a daughter, Elizabeth Ann, January 18.

To Mrs. Robert J. Kennedy (Eva Farmer, class of 1918, Metropolitan Hospital School, New York), a son, February 4.

To Mrs. Clark Williams (Una Fry, class of 1909, General Hospital, Kansas City, Mo.), a daughter, Martha Jane, February 2.

To Mrs. William C. Brown (Alice Harshaw, class of 1916, Methodist Episcopal Hospital, Philadelphia), a daughter, Eleanor, January 21.

To Mrs. Benjamin W. Clevenger (Marjorie C. Hoffman, class of 1916, Holy Cross Hospital, Salt Lake City), a daughter, Harriet Patricia, January 22.

To Mrs. Al. Loew (Romaine Klingensmith, Braddock General Hospital, Braddock, Pa.), a daughter, Elizabeth Christina, in December.

To Mrs. Kenneth Schminke (Anna Koeppel, class of 1916, Grant Hospital, Chicago), a daughter, December 11.

To Mrs. Ralph Evans (Olive McCrea, class of 1917, Indiana Hospital, Indiana, Pa.), a daughter, November 2.

To Mrs. Thomas Shoesmith (Emma I. Mitch, class of 1915, Protestant Episcopal Hospital in Philadelphia), a son, Paul, January 25.

To Mrs. F. H. Frey (Gertrude Moran, class of 1914, Buffalo General Hospital, Buffalo, N. Y.), a son, November 14.

To Mrs. Bernard Duggan (Josephine Neary, Mercy Hospital, Chicago), a son, Bernard, Jr., January 8.

To Mrs. Howard Hodgson (Ethel Nieme, class of 1915, Milwaukee County Hospital, Wauwatosa, Wis.), a son, Paul Edward, December 14.

To Mrs. J. G. Humphrey (Letitia O'Connell, class of 1911, Mercy Hospital, Cedar Rapids, Iowa), a son, December 8, 1921.

To Mrs. H. Wolf (Eva Parker, class of 1905, Illinois Training School, Chicago), a daughter, Nancy, January 3.

To Mrs. Frank K. Bartlett (Mary Paxton, class of 1915, Presbyterian Hospital, Chicago), a son, December 4, 1921.

To Mrs. Russell M. Frasier (Marjorie D. Perkins, Claremont General Hospital and Boston Floating Hospital, class of 1916), a daughter, Nancie Preston, December 20, 1921.

To Mrs. Ralph Whiteman (Dicie Randall, class of 1916, Hackley Hospital, Muskegon, Mich.), a daughter, Charlotte Ann, January 21.

To Mrs. Richard Auld (Gertrude Randall, class of 1910, St. Luke's Hospital, Utica, N. Y.), twin children, Richard, Jr., and Martha Lucile, January 8.

To Mrs. Harry Grater (Stella Rickard, class of 1917, Indiana Hospital, Indiana, Pa.), a son, November 1.

To Mrs. William F. Collins (Jane Shanley, class of 1918, Connecticut Training School, New Haven, and class of 1919, School of Public Health Nursing), a daughter, Jane Claire, February 4.

To Mrs. F. F. Hogan (Blanche Smith, class of 1920, Presbyterian Hospital, Chicago), a daughter, December 24, 1921.

To Mrs. Sidney Williams (Martha Stewart, Braddock General Hospital, Braddock, Pa.), a son, Sidney Stewart, December 10, 1921.

To Mrs. H. G. Edsall (May Strand, class of 1916, Presbyterian Hospital, Chicago), a daughter, November 18, 1921.

To Mrs. William A. F. Hutson (Edith L. Sutcliffe, class of 1910, Metropolitan Hospital School of Nursing, New York), a son, William Alexander Francis, Jr., January 10.

To Mrs. John J. Lentz (Edith Vogel, class of 1913, Mercy Hospital, Pittsburgh, Pa.), a son, George Vogel, December 19.

To Mrs. M. F. Deveney (Minnie Rose Walshe, class of 1918, New York Skin and Cancer Hospital), a son, Paul, December 10.

To Mrs. Herman Watson (Eva Watson, class of 1905, Illinois Training School, Chicago), a daughter, January 3.

To Mrs. Irvin Bailey (Georgia Whistler, class of 1918, Indianapolis City Hospital), a daughter, Barbara Ruth, January 22.

To Mrs. John Youmans (Lola Williams, class of 1920, Presbyterian Hospital, Chicago), a daughter, Virginia, November 11, 1921.

MARRIAGES

Florence Anderson (class of 1919, Moses Taylor Hospital, Scranton, Pa.) to Byron McAllister, in January. At home, New York.

Cora Lee Ayer (class of 1920, Presbyterian Hospital, Chicago) to Roger Afton Canterell, November 19.

Margaret Bender (class of 1917, Milwaukee County Hospital, Wauwatosa, Wis.) to H. Smith, M.D., December 18.

Dorothy Board (class of 1921, Presbyterian Hospital, Chicago) to John Lucien Coline, M.D., December 28. At home, Rochester, Minn.

Mary Cale (Mercy Hospital, Chicago) to Frank McCoy, January 2. At home, Boston, Mass.

Angeline Cattan (class of 1919, Mercy Hospital, Council Bluffs, Iowa) to Walter Book, January 2. At home, Defiance, Iowa.

Margaret Donahue (class of 1918, Moses Taylor Hospital, Scranton, Pa.) to Harley Chase, in January. At home, Atlanta, Ga.

Harriet R. Ellis (class of 1910, Germantown Hospital, Philadelphia) to George W. Lefferts, January 10.

Lydia M. Frederickson (class of 1918, Eitel Hospital, Minneapolis) to David L. Rundlett, M.D., January 1. At home, Sioux Falls, S. D. (This notice was given incorrectly in the February Journal.)

Mrs. Mary Glenn Gifford (class of 1903, City Hospital, Watertown, N. Y.) to Walter Allen, November 12.

Edna Madara Gollus (class of 1917, Nesbitt West Side Hospital, Dorrance-ton, Pa.) to Walter G. Weyhenmeyer, January 15. At home, Wilkes-Barre, Pa.

Lyda Hartrigh (class of 1919, Augustana Hospital, Chicago) to Inge Besander, December 26.

Cora Helseth (class of 1921, Orange General Hospital, Orlando, Florida) to Otto Link, December 26. At home, Orlando, Fla.

Fern M. Headry (class of 1916, Buffalo Homeopathic Hospital) to M. Dee Britt, December 26. At home, Cincinnati, Ohio.

Brita I. Hoover (for four years assistant superintendent and instructress, Monmouth Memorial Hospital, Long Branch, N. J.) to D. Alton Dietrich, November 1. At home, Cleburn, Texas.

Mary Kennelly (class of 1913, Mercy Hospital, Council Bluffs, Iowa) to Frank Myerlie, February 3. At home, Valley, Neb.

Eva Barbara Amanda Koestler (class of 1915, Illinois Training School, Chi-cago) to Rudolph H. Lisius, December 29. At home, Juniata, Neb.

Lillian Elizabeth Kreitz (graduate of the Jewish Hospital, St. Louis) to Harry Owen Akers, November. At home, Woodland, Calif.

Georgia Landon (class of 1904, St. Luke's Hospital, Utica, N. Y.) to Malcolm B. Francis, November 26. At home, Whitesboro, N. Y.

Eleanor M. Leonard (class of 1920, Buffalo Homeopathic Hospital) to Robert I. Sutter, December 31.

Katharine McCarthy (St. Joseph's Hospital, Reading, Pa.) to William O'Don-nell, November 9. At home, Allentown, Pa.

Nell T. McGrath (class of 1917, Buffalo Hospital of the Sisters of Charity, Buffalo, N. Y.) to William Kennedy, January 31. At home, Erie, Pa.

Ruth McNamara (class of 1915, Children's Hospital, Buffalo) to Jack Dunn, January 27.

Olive Margaret Minick (class of 1919, Presbyterian Hospital, Chicago) to Edwin William Nelson, January 2.

Irene Morton, of Colorado Springs, to J. Claude Richmond, November 5.

Neva Pickrell (class of 1921, Christ Hospital, Topeka, Kan.) to Thomas Taylor. At home, Colby, Kan.

Eva A. Pilling (class of 1915, Butler Hospital, Providence, R. I.) to Ellis B. Patton, December 31. At home, Coalinga, Calif.

Winifred Willard Rigsbee (class of 1920, Kings County Hospital, Brooklyn, N. Y.) to J. Thomas Taddock, December 24, 1921. At home, Crossett, Ark.

Odie O. Royal (class of 1920, Montana Deaconess Hospital, Great Falls, Mont.) to Charles L. Brown, November 24. At home, Charleston, Wash.

Lillian Simpson (class of 1919, Passaic General Hospital, Passaic, N. J.) to Clarence V. Allen. At home, Clifton, N. J.

Sophia Sotenska (class of 1917, Milwaukee County Hospital Wauwatosa, Wis.) to Thomas Kucera, December 18, 1921.

Helen Marian Starr (class of 1921, Presbyterian Hospital, Chicago) to Alem Danforth Pettee.

Helen Sullivan (class of 1920, Buffalo General Hospital) to James Creahan, January 21.

Nellie Tomlinson (class of 1920, Mercy Hospital, Cedar Rapids, Iowa) to Jay Wilson, January 24. At home, Traer, Iowa.

Nelle Verink (class of 1915, Mercy Hospital, Cedar Rapids, Iowa) to K. M. Jorgenson, January 1. At home, Denver, Colo.

Winifred Van Brocklin (class of 1920, St. Luke's Hospital, Marquette, Mich.) to Arthur E. Anderson, December 19, 1921.

Blanche Williams (class of 1915, Connecticut Training School, New Haven, Conn.) to Earl Brown, November.

Gladys V. Withington (class of 1920, Claremont General Hospital, Claremont, N. H.) to Albert C. Demers, November 26, 1921. At home, Roxbury, Mass.

Emma Zimmerman (class of 1921, Grant Hospital, Chicago) to Irving Curry, January 18. At home, Darlington, Wis.

DEATHS

Bessie May Barter (Carney Hospital, Boston), December 27.

Maud E. Batson (class of 1894, Maine General Hospital, Portland) at a private hospital in Bangor, January 22. Miss Batson was a charter member of her alumnae association and always stood for the highest ideals of the nursing profession. She was engaged in private duty nursing and those who were privileged to be associated with her realized that hers was an unusual character—possessing a rare personality, a bright intellect, strong in her convictions, enduring in her friendships and impressing all who met her as having unusual charm. Miss Batson suffered for more than two years from tuberculosis, following influenza. Burial was in Portland. Her loss will be deeply felt by a wide circle of friends.

Maude Clarice Blanchard (Carney Hospital, Boston), December 27.

Edith Bruns (class of 1918, Trinity Hospital, Milwaukee, Wis.) as a result of an auto accident, December 11.

Gertrude M. Davis (class of 1893, Hospital of the Good Shepherd, Syracuse, N. Y.) January 31, Watertown, following a short illness. Miss Davis was one of the three oldest nurses of Northern New York.

Mrs. F. R. Bannon (Nellie F. Gregory, class of 1912, Indianapolis City Hospital) at Kokomo, Ind., following a Caesarean section, December. Mrs. Bannon did private duty in Indianapolis and was the first Visiting Public Health Nurse sent out by the Public Health Nursing Association. During the war, while Dr. Bannon was in service, Mrs. Bannon served as supervisor at the City Hospital. The news of her death brought deep grief to her many friends who loved her and will miss her.

Mrs. C. B. Hutchinson (Annie Fryar, class of 1894, St. Luke's Hospital, Chicago) in Chicago, January 5. Mrs. Hutchinson was president of her own alumnae association for three years, and of the Illinois State Association for two years. She was active in securing state registration in Illinois. She is missed by hosts of friends.

Minerva E. Kenrick (class of 1897, Maine General Hospital, Portland) in Portland, January 18, after a long illness due to a malignant condition. Following her graduation Miss Kenrick did private duty nursing for several years, then became superintendent of Dr. King's Private Hospital, which position she filled very acceptably for about six years.

Celia A. Lewis (University of Michigan School of Nurses) Ann Arbor, Mich., November 16. Miss Lewis set an example of service and self sacrifice which was most inspiring.

Susie A. Lindsay (class of 1913, Rhode Island Hospital, Providence, R. I.) at Hillcrest Hospital, Pittsfield, Mass., December 22, following an abdominal operation. Burial was at Pittsfield.

Margaret H. Lynnot (class of 1905, Ottawa General Hospital, Ontario, Canada) December 30, at the Oakes Home, Denver, Colo.

Charlotte Mahon (graduate of a California school) in Chanute, Kansas, June 13, 1921.

Mother Mary Paul, founder of St. Joseph's Hospital, Phoenix, Arizona, about January 1st. Her illness was short, and she passed away among those who loved her best. She came as a young girl from her home in Ireland to a desert land, where she worked against all odds, and founded the hospital which has grown from so little, through untold privations and sacrifices, bringing help and comfort for many years to suffering humanity. Mother Mary Paul's highest eulogy is in the hearts of those who loved her, worked with her, and realized the beauty of her life.

Margaret Naegal (class of 1908, Stetson Hospital, Philadelphia) died at the hospital, October 23, after nearly three years of patient suffering. She was cared for by the Hospital and assisted in a small way by the Alumnae, also by the Nurses' Relief Fund, for which she was very grateful.

Clara A. Ostby (class of 1913, St. Luke's Hospital, Duluth, Minn.) following a severe illness of meningitis. From the time of her graduation in 1913 Miss Ostby was supervisor of nurses at St. Luke's until 1918, when she became Superintendent of Nurses, fulfilling the duties of her responsible position with dignity and decision. Her fine character made its due impress on the student body, and her sympathetic visits were welcomed by the patients when she made her frequent rounds. Her skill was exceptional, but the universal esteem in which she was held among physicians, nurses and patients was more so. Miss Ostby will be greatly missed by a host of friends.

Alice Gertrude Peyton (at the Charleston General Hospital, Charleston, W. Va., December 18. Miss Peyton was one of the oldest and dearest members of the Private Duty Section of the State Association. She was faithful and efficient and for seventeen years had passed among her friends so quietly and peacefully, they feel keen regret in her loss.

Lemoyne Phares (class of 1903, Johns Hopkins Hospital) at the T. C. I. Hospital, Fairfield, Alabama, January 26. Miss Phares did private nursing in Birmingham for several years, having been one of the early organizers in State and District work. About ten years ago, she became Superintendent of the Inge-Bondurant Sanatorium in Mobile, where she served faithfully until a year ago, when she resigned. At the time of her death she was night supervisor at the T. C. I. Hospital, where she was stricken while on duty. Miss Phares had served as President of the Alabama State Nurses' Association, also of District No. 2, Mobile, and at the time of her death was president of the State Board of Nurse Examiners, also a member of the League of Nursing Education. She was a woman of great refinement, patience and justice, with warm affection for her friends; all lending dignity and power to her professional work. The news of her death brought deep grief to her friends, who will miss her keen interest in their work.

Elizabeth Helen Phelan (graduate of the Orthopedic Institute of Philadelphia, and class of 1916, University of Maryland Training School, Baltimore) on January 28, after an illness of many years, at the home of her sister in Georgia. Miss Phelan practised in New York City from 1916-1919.

Grace L. Roe (class of 1921, Columbia Hospital, Wilkesburg, Pa.) at Columbia Hospital, November 27, after an illness of three weeks from typhoid fever. After graduation, Miss Roe was on duty at Columbia Hospital for a time and then became a head nurse at the Butler Hospital, Butler, Pa.

Katharine Samery (class of 1921, Braddock General Hospital, Braddock, Pa.) on January 12, of pneumonia. Miss Samery was sick only four days. She will be missed greatly in her work.

BOOK REVIEWS

APPLIED PSYCHOLOGY FOR NURSES. By Mary F. Porter, A.B. W. B. Saunders Company, Philadelphia. Price, \$1.50.

This book consists of 172 pages divided into fourteen chapters, and is fairly well indexed; a glossary of terms would have added to the usefulness of the book. The foreword is good. In the introductory chapter the author defines Psychology and its broader relations to other fields of knowledge which should give the reader a fair basis for understanding the later chapters. The origin and nature of the conscious and unconscious are presented in quite a lucid manner; illustrative material would have made this subject clearer and their respective roles in conduct more real and useful to the student nurse. The organs of consciousness are disposed of in five pages; a fuller discussion of this equipment in relation to emotion, instinct and acquired behavior would have been valuable. The chapters on the normal mind are somewhat academic, but in the main are well presented. Chapters X and XI might well have followed Chapter VI; in both chapters many good, helpful suggestions are made. The chapters on psychology and health as variations from normal mental processes are perhaps the least satisfying. Too many subjects and too much terminology are introduced; perhaps this is a general fault and one to which an author on psychological subjects is exposed. Definitions are imperfect and statements often inadequate, sometimes misleading or inaccurate. The later chapters of the book, having to do with getting the patient's point of view and the psychology of the nurse, contain many very useful suggestions for the student nurse. On the whole, this book is a contribution to an inadequate list of publications on the subject available to nurses. The form, print and paper of the book are very good.

White Plains, N. Y.

C. I. LAMBERT, M.D.

NUTRITION AND CLINICAL DIETETICS. By Herbert S. Carter, M.D., Paul E. Howe, Ph.D., and Howard H. Mason, M.D. Second edition. 703 pages. Illustrated. Lea and Febiger, Philadelphia. Price, \$7.50.

A comprehensive, up-to-date treatment of the subject, as it appeals to the practitioner, the nurse and the dietitian, treating in detail foods and the normal nutrition, feeding in infancy and childhood, and feeding in disease. It is especially valuable as a reference book to the dietitian in presenting to her the underlying physiological and pathological conditions and to the nurse in opening up to her the importance of diet versus medicine in the modern treatment of both medical and surgical conditions. The practitioner will find a resumé of the findings in medical research into the food requirements of the body and the physiology of the digestive process.

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